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ABSTRACT

A study of substance abuse prevention and intervention services offered in the New York City public schools was undertaken. The study consisted of three parts: development of a central database on services provided by the Substance Abuse Prevention/Intervention Network in Schools (SPINS), a field study that documented the goals, problems, and successful strategies of substance abuse prevention/intervention programs; a sample of exemplary school-based and district-wide services; and a 3-year longitudinal study following students who received substance abuse intervention services. The field study examined 27 services offered in 18 community school districts and 5 high school boroughs. The services fell into six categories: classroom prevention lessons; group services; peer leadership activities; parenting workshops; family counseling services; and staff development. Substance abuse prevention programs in New York City schools were impressive for their comprehensive scope, holistic approach toward helping young people, and skilled and caring staff. Students in the peer leadership program reported benefiting from participating, and gaining maturity and skills. Group services were considered by student participants to be an important help. Parenting workshops were well-received by participants, but staff reported problems in reaching greater numbers of parents, some of whom may themselves be abusing alcohol or other drugs. (LLL)

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OREA Report

SUBSTANCE ABUSE PREVENTION AND INTERVENTION PROGRAMS IN NEW YORK CITY SCHOOLS

MARCH, 1992

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SUBSTANCE ABUSE PREVENTION AND INTERVENTION PROGRAMS IN NEW YORK CITY SCHOOLS

MARCH, 1992

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EXECUTIVE SUMMARY

At the request of the Chancellor of the New York City Public Schools, the Office of Research, Evaluation, and Assessment (OREA) undertook a study of substance abuse prevention and intervention services offered in the public schools. The study consisted of three parts:

> (1) Development of a central database on services provided by the Substance Abuse Prevention/Intervention Network in Schools (SPINS) in elementary and middle schools, and by the SPARK program in high schools. The database was created from survey responses on prevention and intervention services collected from all New York City schools.
>
> (2) A field study that documented the goals, problems, and successful strategies of (a) community school district and high school borough substance abuse prevention/intervention programs, and (b) a sample of school-based and district-wide services that had been nominated as exemplary. Data were collected from observations, interviews, and questionnaire responses.
>
> (3) A three-year longitudinal study, still in progress, that will follow students who received substance abuse intervention services in (a) the schools that participated in the field study, and (b) a second sample of schools.

This report is based on data collected in the field study. It presents the characteristics of effective programs and services. In addition, it discusses the factors in the school environment that help or hinder effective service delivery, including school staff's own perceptions of and coordination with the substance abuse prevention program.

Twenty-seven services offered in 18 community school districts and 5 high school boroughs were selected for study. Twenty-four of these were school-based and three were provided on a district-wide basis. The 27 selected services fall into six service categories:

(1) classroom prevention lessons;

(2) group services: group counseling (in some cases designed for children of alcoholics [COA]); writing workshops; and discussion rap groups;

(3) peer leadership activities;

(4) parenting workshops;

(5) family counseling services; and

(6) staff development offered by substance abuse prevention staff to school staff.

Findings:

The study found that substance abuse prevention programs in New York City schools are impressive for their comprehensive scope, holistic approach toward helping young people, and skilled and caring staff. Directors have been successful in hiring quality staff with the training and personal qualities required for their multiple roles. Substance Abuse Prevention and Intervention Specialists (SAPIS), at all school levels, have succeeded in reaching at-risk students in a direct, trusting, nonbureaucratic manner that has made a difference in their lives. Moreover, they have been impressive for their flexibility under difficult working conditions and their continual accessibility to school staff as well as students.

The study identified four characteristics of programs that are necessary for effective service delivery:

(1) The holistic approach to substance abuse prevention for reducing the factors in children's lives that place them at-risk for substance abuse. This refers to offering services that address the entire range of the child's needs, including his/her life outside of

school. Parent involvement is an important element in this approach.

(2) Quality staff and sufficient staff. These are critical for performing a job that involves a complexity of roles -- working with at-risk children, parents, school staff, and community agencies, and responding creatively to a variety of external constraints.

(3) School contexts in which principals, teachers, and noninstructional staff are aware of, understand, support, cooperate, and collaborate in substance abuse prevention efforts.

(4) Efficient use of resources and work with other institutions in their communities. Support for prevention programs is attainable through the development of linkages with other district-wide programs and community institutions, such as non-profit organizations, local police precincts, and merchants' associations.

The degree of variation found between community school district programs suggests that Directors vary in their strengths in performing their numerous and complex tasks. For example, in some districts, Directors or members of their staff have fund-raising skills.

To create a positive school context for substance abuse prevention services, both Directors and SAPIS have worked to "sell" the program to principals, teachers, and other school staff, some of whom view their services as nonessential for the education of their students.

The study found that teachers who participated in staff development offered by SAPIS more frequently reported, in comparison with teachers who had not participated in this training, that they (1) had positive communication with substance abuse prevention staff (79 percent compared with 45 percent), (2) made referrals of at-risk students to prevention services (40 percent compared with 22 percent), and (3) incorporated prevention concepts into their regular classroom lessons (41 percent compared with 26 percent). However, the percentages of increases were not as high as would be desired.

Substance abuse prevention classroom lessons were to have found additional functions beyond offering knowledge and skills-training to students. These functions include: (1) introducing SAPIS to students so that they know there is someone with whom they can discuss their problems, (2) providing an opportunity for both SAPIS and teachers to identify students who are at-risk for substance abuse, and (3) giving teachers the opportunity to learn prevention concepts and techniques that they can later reinforce. Some SAPIS stated that a main problem in providing prevention lessons was ensuring that they got their message across to the students.

Students in the peer leadership program reported benefiting from participating; they reported gaining maturity and skills. However, several peer leaders articulated a need for increased contacts with their SAPIS for support and guidance in dealing with the difficulties they encountered in their new roles.

Group services were considered by student participants to be an important help. Many SAPIS interviewees noted that counseling services are the core of their program. Highly professional family counselors also worked with families toward constructive solutions to problems at home, but can only reach a small proportion of the families in need.

Parenting workshops were well-received by participants, but staff reported problems in reaching greater numbers of parents, some of whom may themselves be abusing alcohol or other drugs. The most successful parenting programs appear to have resulted from a great deal of hard work and persistence by staff in identifying, contacting, and using a variety of nonthreatening outreach approaches.

The study identified a series of obstacles faced by substance abuse prevention programs:

(1) Lack of respect offered some SAPIS by school staff: SAPIS have had to overcome school staff's resistance and a perception of their lower professional status. They often have earned the respect of school staff by offering staff development workshops to teachers about prevention issues and the services they provide, and by providing informal assistance.

(2) Lack of some teachers' support, cooperation and involvement in prevention efforts: Teachers revealed a low awareness of the prevention program and the role it plays for their students, particularly in the high schools. Some teachers who reported having at-risk students in their classes also reported that they did not refer them to prevention services.

(3) Insufficient supervision and consultation time for SAPIS: SAPIS in some districts' schools reported that Directors did not make themselves sufficiently available to them for case consultations, ongoing support, and training in particularly difficult areas, e.g, such as working with abused children. In districts where their Director's presence was not felt, SAPIS reported greater difficulties.

(4) Insufficient and lack of private space: Space problems were reported by many Directors as one of the most serious impediments to service provision. Many district facilities are crowded into the same space as

other district offices, or located in inadequate space offered by a school, such as part of a gymnasium. In one district, family counseling is offered in a windowless basement without adequate security and privacy. In some instances, there is no available space in a school in which the SAPIS can work; this has actually determined the roles a SAPIS can play in a school.

(5) Difficulties in reaching parents and families: The difficulty of parent outreach, found throughout the districts and boroughs, is particularly great in the upper grades compared with the elementary grades.

(6) SAPIS' lack of contacts with referral agencies: Some SAPIS reported needing help from their Directors to gain contacts with community-based agencies that could be used as referral sources.

(7) Insufficient time: Some SAPIS reported that because of classroom teaching requirements, they lacked sufficient time to provide intervention services. SAPIS conducting family counseling in district-wide services reported insufficient time to do case reviews. Family Counselors stated that they lacked time to consult with other professionals about particularly difficult cases, although they meet together for this purpose on their own time.

(8) Understaffing: Interviews suggested that SAPIS who work part-time had greater difficulties than full-time SAPIS.

Recommendations:

This study offers several recommendations that administrators of substance abuse prevention programs could consider.

- The Office of Substance Abuse Prevention could disseminate more information about prevention programs to community school district Superintendents and school principals to enlist their understanding and support.
- Some Directors need to maintain a greater presence in district schools in order to assist in the establishment and implementation of services.

They need to provide community school district and school administrators with more information about the goals, services, and obstacles faced by substance abuse prevention programs in order to obtain greater support.

- The needs of some SAPIS for greater support and more case consultation time with their Directors warrant attention, as do Family Counselors' need for more case review time and some SAPIS' requests for training in specialized areas.
- In districts where SAPIS play a large role in referral, Directors could assist in their further development of linkages with potential community-based referral sources.
- Those SAPIS who are particularly successful in certain areas could meet with SAPIS from other districts who indicate a need for assistance in their area of expertise. Experts in specialized fields, such as child abuse or parenting programs, could also be utilized in special inter-district workshops for SAPIS.
- Teacher volunteers who have participated in SAPIS-led staff development sessions and actually apply what they learned in the training could be used as "teacher promoters" to encourage and inform other teachers to participate in prevention efforts. Without the ability to effectively train all teachers in substance abuse prevention, SAPIS and these teachers could work jointly to encourage teachers' interest and knowledge about the program.

This study has presented the characteristics of substance abuse prevention and intervention programs, discussed the obstacles they face and strategies used to overcome them. It has identified areas of strength and offered some recommendations. The study is part of a wider mission to clarify to school staff, funders, parents, community members, and the media the important roles of substance abuse prevention services in our schools.

ACKNOWLEDGMENTS

This report has been prepared by the Office of Research, Evaluation, and Assessment (O.R.E.A.) of the Division of Strategic Planning/Research and Assessment. As with all reports coming from this office, this one represents the contributions of many people.

This report results from a study requested by the Chancellor of the New York City Public Schools. The Office of Substance Abuse Prevention offered continued assistance and support of O.R.E.A.'s research efforts. Mary Ann Castle and Joanna Gould-Stuart developed the ideas, goals, and methods used, with valuable contributions from Jodi Imbimbo, and from two of the study's advisors, Alice Riddell and Leah Koenig.

Many thanks go to the people who described their work in substance abuse prevention, or with substance abuse prevention staff: Directors of community school district substance abuse prevention programs, Supervisors of high school boroughs' SPARK programs, Substance Abuse Prevention and Intervention Specialists who directly provide services to at-risk students, principals, student participants in these services, and parent workshop participants. Thanks are also extended to teachers who completed a self-administered questionnaire that helped inform this report.

OREA staff collected, compiled, and analyzed field data. Special recognition is given to Nina Gottlieb, Lynne Manzo, and Donna Plotkin for their role in collecting and analyzing data. Thanks also go to Umberto Blumati for his field work. Margaret Schehl's analysis of data is much appreciated. Appreciation is also extended to Martha Hare for her coordination of and participation in the field visits and to Adeola Joda for providing ongoing technical support. Alice Riddell, Leah Koenig, and Mary Ann Castle gave helpful comments on an earlier draft of this report. Joanna Gould-Stuart was responsible for directing the analysis of field data and writing the report.

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TABLE OF CONTENTS

Executive Summary i

Acknowledgments viii

List of Tables x

I. Background, Goals, and Methods 1

Background 1
Overview of the Study 3
Study Methods and Data Sources 5
Aims of This Report 12

II. Community School Districts' and High School Boroughs' Substance Abuse Prevention and Intervention Programs . . 13

Overview 13
The Program Director 15
The SAPIS 27

III. School Context 36

SAPIS and School Staff 36
Utilization of Substance Abuse Services 45
Staff Development Offered by SPINS/SPARK 49

IV. Substance Abuse Prevention in School Classes 63
Classroom Prevention Lessons 64
Teachers' Role 68
Classroom Lessons in Schools Selected for the Field Study 71

V. Prevention/Intervention Services 78
Group Counseling Services 78
Peer Leadership 86

VI. Parenting and Family Services 96
Parent Programs 96
Family Counseling Services in Two Districts Selected for the Field Study 102

VII. Conclusions and Recommendations 105

References 114

LIST OF TABLES

Page

I. Number and Level of Services Selected for Study 8

II. Percentage of Teacher Responses by Participation in Staff Development and School Level. 54

III. Teachers' Incorporation of Prevention Concepts into Class Lessons by Participation in Staff Development . . . 70

I. BACKGROUND, GOALS, AND METHODS

BACKGROUND

The condition of many children in the United States has worsened over the last twenty years. Today, one-fifth of American children is poor, over 20 percent more than in 1970 (Children's Defense Fund, 1990). Forty percent of children in New York City live in poverty, and this proportion is likely to increase substantially in the future (The Commission on the Year 2000, 1987). The environmental influences of poverty, homelessness, and child abuse and neglect are linked to children's greater risk of academic failure, dropping out of school, early sexual activity (with increased probabilities of teenage pregnancy and AIDS), emotional/behavioral problems, committing violent crimes, and substance abuse (see Pallas, Natriello, & McDill, 1989; The Commission on the Year 2000, 1987; Perry, 1987).

A decline in overall substance abuse has been reported nationally since 1982 (U.S. General Accounting Office, 1991) and for high school students in New York State (although not for alcohol), for the years 1983-88 (Kandel and Davies, 1991). However, some of this decrease may be due to a decline in willingness to report, rather than an actual decline in substance abuse (U.S. General Accounting Office, 1991). In addition, it is possible that this trend may have begun to reverse in 1991 (Treaster, 1991).

Substance abuse and its risk factors among young people remain a major national, and citywide, problem. In New York City, crack and cocaine contributed to a tripling of cases between 1986 and 1988 in which parents, under the influence of drugs, abused or neglected their children (Children's Defense Fund, 1990).

Responding to these conditions, school systems around the nation have gone beyond their traditional educational role to develop and implement prevention and intervention programs to reduce the risk factors in children's lives and to strengthen children's resistance to substance abuse. Programs that provide systematic intervention and support from outside the family early in the life cycle can improve the prospects of at-risk children (Schorr & Schorr, 1988). For children living in dysfunctional or overburdened families, school-based prevention and intervention programs can be crucial to help them act in positive, constructive ways.

Substance abuse prevention and intervention programs have been implemented in almost every school district in the United States. These programs vary in scope, types of services offered, and implementation strategies. A large number of evaluation studies have been conducted throughout the country to assess the effectiveness of these programs. Studies have largely concentrated on programs in rural and suburban areas. When in urban areas they are primarily with non-minority students. Some evaluations have not clearly defined the student population targeted by the services studied. American Institutes of Research (AIR) is now examining promising approaches nationwide to substance abuse prevention for high-risk inner-city youth. It is, however, mainly focusing on programs involving multiple organizations rather than school-based services.

Generally, evaluation studies across the country have not provided useful guides to which kinds of services have the best results for which kinds of students. They are particularly uninformative for New York City's predominantly poor and minority school population. In some cases, the evaluation study designs themselves were weak, and have not allowed for accurate assessments of program effectiveness (Goodstadt, 1987).

Many evaluations have concentrated on the "in-the-classroom traditional curricula and teaching materials" and have not paid sufficient attention to the "selective and indicated interventions" used for specific groups of children or to "the contextual variables that occur in the classroom and in the school milieu" (Clayton, Cattarello, & Walden, 1991). Thus, it is not surprising that the U.S. General Accounting Office concludes:

> Little is known at the local, state or national level about what approach works best....Evaluations of drug education programs... offer little information on what works (1990:5).

OVERVIEW OF THE STUDY

The Office of Research, Evaluation, and Assessment (OREA) undertook this study in response to a request of the Chancellor of the New York City Public Schools to report on the number, range, and kinds of substance abuse prevention and intervention services offered in the public schools. First, OREA developed a central database on services provided by the Substance Abuse prevention/Intervention Network in Schools (SPINS) in New York City's elementary and middle schools, and by the SPARK program in the city's high schools. The database was created from responses to a survey of prevention and intervention services distributed to every New York City school.

Second, the study aimed to document the goals, objectives, problems, and successful strategies of community school district and high school borough substance abuse prevention/intervention programs, in general, and of a sample of school-based and district-wide services, in particular. Field observations, interviews, and questionnaire data formed the basis for this part of the study. OREA field staff visited school-based and district-wide services that had been recommended as exemplary.

The field study aimed to reveal the effective practices that could serve as a model for other programs. Of specific interest was how the school environment helps or hinders effective program implementation as well as school staff's own perceptions and understandings of, and coordination with, the substance abuse prevention program.

The third part of the study, still in progress, aims to follow students who received substance abuse intervention services in the selected schools, and in a second sample of schools, over the next two years in order to examine the outcomes of these interventions. A database on all students who received intervention services in the schools selected for study is being created for this purpose.

STUDY METHODS AND DATA SOURCES

Citywide Survey

OREA distributed a survey instrument to all community school district Directors and high school borough Supervisors of substance abuse prevention programs for recording the services offered in each district school and high school in New York City. These survey responses formed a database on all services offered in city schools. Frequently, Directors worked together with their staff in filling out the survey forms. These efforts resulted in the collection of 949 surveys. High school borough Supervisors and Directors of substance abuse prevention programs were also given a separate form to include additional services, such as those offered on a district-wide basis.

Although almost all schools returned their surveys, it appears that not all services that are provided may have been reported. In a few cases, Directors verbally noted that they had not reported all district-wide services and some substance abuse prevention activities may have been omitted because they were one-time events. The survey does demonstrate however, the main services and some of their characteristics in the city's schools.

Field Study

Site Selection. Directors of community school district substance abuse prevention programs and the Director of the high school SPARK program were asked to nominate services in their districts that they believed were exemplary in order for OREA field staff to visit them for in-depth study. Almost half of the services proposed for study were classroom prevention lessons rather than intervention services. In addition, the majority of services were located in elementary rather than in middle (intermediate and junior high schools) and high schools. Twenty-seven services offered in 18 community school districts and five high schools were selected. They were chosen from among the 115 services nominated for study by Directors, and with consideration of the recommendations of the study's Advisory group, comprised of experts in the substance abuse field. One in each of the five high school boroughs were selected for in-depth study; 24 services were school-based and 3 were provided on a district-wide basis.

Districts and schools in which services were selected are representative of the city as a whole. The selection process assured inclusion of all school levels, all city boroughs, and a range of neighborhoods representing a diversity of racial, ethnic, and economic groups. Fifteen of the study schools had Chapter 1 status.

The 27 specific services studied fall into six service categories selected from the array of services offered in New

York City public schools for this study's focus. First, classroom prevention lessons were chosen for study, since they constitute the major prevention vehicle used in the public schools and because such a large number of schools' classroom lessons were nominated.

Second, services for groups of at-risk students were selected: a discussion rap group and group counseling interventions, in some cases particularly designed for children of alcoholics (COA), and in one case, structured as a writing workshop.

Third, peer leadership activities were selected because the study's advisors believe they offer promising approaches to substance abuse prevention and were also widely recommended for study by Directors. Parenting workshops and family counseling services were also studied, since families have the greatest influence on their children. Finally, staff development offered by substance abuse prevention staff to school staff was selected for study because of their potential involvement in reducing the risk factors leading to substance abuse. The services selected for study are listed in Table 1, according to school level.

In-depth Staff Interviews. OREA field staff interviewed administrators from the Office of Substance Abuse Prevention to learn about the structure and organization of prevention programs in community school districts. Field staff also conducted in-depth interviews with the eighteen Directors of community school districts and five high school borough Supervisors of substance

Table 1

NUMBER AND LEVEL OF SERVICES SELECTED FOR STUDY

	Level of Service				
Service	Elementary School	Middle School	High School	District-Wide	Total
Classroom Lessons	2	2	1	0	5
Group Counseling	3	5	2	0	10
Peer Programs	1	2	2	0	5
Parenting	0	0	0	2	2
Family Counseling	0	0	0	2	2
Staff Development	1	0	0	2	3
TOTALS:	7	9	5	6	27

- Six kinds of services offered by substance abuse prevention and intervention programs were selected for study. A total of 27 services offered in public schools and community school districts provided the data for the field study.

abuse prevention programs, in whose districts services had been selected for study. These interviews aimed to gain an understanding of the characteristics of their programs, the constraints they faced, and their ideas about what works most effectively. Directors and Supervisors were also asked to explain the goals and methods used by staff providing the services selected for study in their district schools.

The number of Directors interviewed does not equal the number of schools visited because in a few districts more than one school was visited. Further, in one district, the Director was interviewed, but data collected on a service in her district's school were reported separately (see "Alcohol: The Gateway Drug" Evaluation Report, OREA, 1991).

OREA staff interviewed 27 Substance Abuse Prevention and Intervention Specialists (SAPIS), including 5 high school SPARK program Counselors, who provided both the school-based and district-wide services examined in this study. (High school SPARK Counselors are referred to as SAPIS throughout this report.) SAPIS were asked about their job responsibilities, coordination with other school staff, constraints on their delivery of services, and methods and techniques used in providing the selected service.

Twenty-four school Principals were interviewed as well, representing each school visited in the study. Principals were asked how the substance abuse program is integrated into their schools and how well it worked.

Observations and Participant Feedback. Observations were made of classroom prevention lessons, peer leader training and peer-led activities, a writing workshop, parenting workshops, and staff development (teacher training) led by SAPIS. The purpose was to learn the nature of the services, how they were provided, and how participants responded to them. Observation guides were completed by field staff for classroom lessons, parenting workshops, and staff development sessions. Observations were not made in family and group counseling services because of the need for confidentiality.

Students who participated in classroom prevention lessons, the writing workshop, and peer leader training and other peer activities, and parents and teachers who participated in workshops and training, respectively, were asked to complete a short self-administered feedback form, mostly with open-ended questions. Peer leaders who gave classroom prevention lessons were interviewed. Field staff did not obtain feedback from clients in family counseling services. While field staff did not observe group counseling sessions, they were given the opportunity to use part of the counseling period to distribute open-ended feedback forms.

Teacher Self-Administered Questionnaires. Self-administered questionnaires were distributed to all regular education teachers in every school visited. These questionnaires were developed to learn the extent of teachers' awareness and understanding of the substance abuse prevention and intervention program operating in their school, their utilization of its services, and their view of their own role in substance abuse prevention.

Field staff distributed 1,570 self-administered questionnaires to teachers, but only 417 (27%) returned completed forms. Teachers responding to the questionnaire represented kindergarten through twelfth grades as well as a wide range of subject specialties.

The low return rate may suggest a widespread lack of awareness or interest in substance abuse services. Alternatively, it may indicate that the task of completing a questionnaire is burdensome given teachers' already heavy workload. It is possible that teachers who returned the questionnaires on substance abuse prevention in their school are more aware or interested in this program, and hence, not representative of the entire staff.

Longitudinal Study

A database was created in 1991 on students in the 24 schools in this study who received intervention services in school year 1990-91. This database will be used to carry out a longitudinal study of student outcomes over the next two years.

This database is to be combined with a second database created for another sample of students who receive services during the 1991-92 school year from these same schools and from an additional sample of schools. Data on the intervention services that students receive and on their educational progress, as measured, for example, by their attendance and grades, will be collected and analyzed for both cohorts.

AIMS OF THIS REPORT

Understandings gained from field study sources provide the data on which this report is based. A separate report on the citywide survey is forthcoming. The longitudinal study will be available in early 1993.

This report examines the characteristics of substance abuse prevention programs, and the specific services selected for in-depth study, the roles of Directors and SAPIS, and the factors that staff believe affect their ability to provide effective services. It further discusses factors in the school context that influence the effectiveness of substance abuse prevention programs, including how teachers perceive their own role in prevention. It summarizes what has been learned about effective practices and makes recommendations for future program implementation and further study.

II. COMMUNITY SCHOOL DISTRICTS' AND HIGH SCHOOL BOROUGHS' SUBSTANCE ABUSE PREVENTION AND INTERVENTION PROGRAMS

OVERVIEW

New York City community school district and high school borough substance abuse prevention and intervention programs are generally directed at reducing not only substance abuse itself but the factors in children's lives that place them at risk of abusing drugs. Prevention programs target all schoolage children. Intervention programs target youth with multiple risk factors. Programs are funded by New York City, New York State Division of Substance Abuse Services, and monies from the U.S. Drug-Free Schools and Communities Act.

Previous research suggests that substance abuse among youth is associated with multiple risk and resiliency factors that are inherent within the individual, the environment, and the individual's interaction with his/her environment (Jones & Battjes 1985). The likelihood that a young person will use and possibly become dependent on alcohol and other drugs appears to rise with an increase in the number and severity of the precursory risk factors. The impact of risk factors may be offset, however, by strengthening resiliency/protective factors in children's lives.

Substance abuse prevention programs in New York City public schools take a holistic approach to prevention, recognizing the multiple risk factors of children at the individual and environmental levels. They use a comprehensive strategy to engage parents, families, and communities in drug prevention. Districts and boroughs also work to promote their programs to community groups, the public, and the media to gain their support and cooperation.

New York City's substance abuse prevention programs operate on the premise that a combination of different approaches is the best way of preventing substance abuse, and that prevention is integrally linked to the wider mission of helping children develop into healthy and productive adults. Substance abuse prevention staff explained that the goal of drug prevention programs is to prevent children's self-destructive behavior and to reduce risk factors in their home, peer, and neighborhood environments.

The prevention program, then, deals with a range of issues that may not be specifically directed at substance abuse behavior itself. Classroom prevention lessons offered to all students in every grade are the major vehicle for communicating prevention concepts. A large number of school-wide anti-drug activities and events are an equally important part of the school-based prevention program. Youth who show characteristics that place them at-risk of substance abuse are further offered intervention services.

THE PROGRAM DIRECTOR

Directors' Background

The position of community school district Director or high school borough Supervisor of a substance abuse prevention program, requires a combination of skills. Minimal requirements for the job include graduate training in educational administration. Of the twenty-three Directors interviewed in this study, all but two have attained their Masters degree. Eight Directors having two or more Masters and one has a Doctorate in Education. Community school boards hire Directors. Their position is not obtained by advancement from the ranks of staff providing prevention services in schools. As many as 11 of the 23 Directors interviewed reported more than 20 years in the substance abuse field; the mean number of years in the field was 17. The range of years as Director was 1-21; the mean number of years as Director was 8.6.

Staff who were interviewed from the Office of Substance Abuse Prevention noted that unqualified people cannot gain access to these jobs because the minimal requirements are relatively stringent. However, some Directors bring to their jobs greater expertise in certain areas crucial for effective programming than others. For example, some have substantial administrative backgrounds but little or no experience in the substance abuse field. Two Directors had no prior experience in the substance abuse prevention field prior to becoming Director.

Other Directors may have more substance abuse prevention experience but little knowledge of administration, grant writing or budgets. These differences make a clear impact on the degree to which districts can secure their own monies, in addition to the centrally-allocated budget, to support additional on-line staff and programs. However, the Office of Substance Abuse Prevention at times mitigates differences in funding among districts by including selected districts in grants for which the office is, itself, applying.

Directors are also assisted through training offered by the central office. Although mostly attended by new Directors, some experienced Directors also attend sessions, such as those focusing on budgeting and documenting compliance with state requirements. In addition, Directors report that the central office's monthly meetings are useful for upgrading their skills, as are the meetings organized by their independent professional association, the Coalition of Drug Program Director s.

Most Directors responded positively about the level of cooperation and sharing of ideas with their colleagues in other districts. One Director reported that turf issues have interfered with building a greater support network, noting that the discrepancy in the level of competence between Directors contributed to the problem.

While most Directors reported that the central office was very helpful to them, some noted areas in which the office could be of further assistance. Suggestions included: (1) helping the district programs "to establish a more definite profile of the program," (2) encouraging district Superintendents "to give the program more credence, (3) making the Superintendents more aware of the importance of the program," and (4) providing "more assistance with bureaucratic procedures, for example, for hiring or upgrading staff."

Work Conditions

Directors operate their programs within widely differing physical environments. In a few districts, Directors' offices are housed in large, bright, modern spaces. More are crowded into the same space as other district offices, or located in space offered by a school, such as part of a gymnasium.

Lack of space was reported by the majority of Directors as one of the most serious impediments to service provision. At times, there is no available space in a school in which the SAPIS can work. This lack of space actually determines the roles a SAPIS can play in a school. In one school in the study, the SAPIS cannot conduct counseling services and consequently spends more time giving classroom presentations. In another district, the Director stated:

> We can't be in some schools because of space problems. They want us there but we aren't physically there. We act as a field resource for them and talk on the phone.

In many schools, SAPIS work in substandard conditions: a storage room that is also used for testing which gets no heat in winter, in another case, a closet. In spite of this, some Directors were undaunted:

> We teach all over. We use a hall, a lounge in the bathroom. We didn't come into the schools demanding space [from the Principal]. But, then, the Principal finds us space.

At times, the space problem is one of coordination that is solved more or less satisfactorily with the Principal's efforts to accommodate the program, especially after he/she has come to appreciate its contribution to the school.

Staff Patterns

Directors can deal with the enormity of their administrative job by delegating responsibilities to other program staff. Although Directors themselves establish staffing patterns within their districts, only about half of the interviewed Directors have Assistant Directors. Another few use SAPIS III (the highest level) as *de facto* Assistants, for such tasks as budget, program oversight, and staff supervision. As many as seven Directors reported that they had no Assistants at all. Some Directors noted their need for additional administrative staff. One district, however, manages to support its own grant writer to apply for funds from outside agencies to supplement its regular allocations.

Only some districts have support staff for the program, i.e., secretarial staff, who are able to perform some administrative roles, such as scheduling meetings or workshops. Directors reported wide differences in support staff size, but all reported staff shortages in their schools.

Typically, elementary schools share a SAPIS, although some schools have a full-time SAPIS and others have no SAPIS at all. Generally, intermediate and junior high schools have a single full-time SAPIS and high schools have two full-time SPARK Counselors. In the 24 schools selected for study, two elementary and one middle school had only one part-time SAPIS; seven middle schools had one full-time SAPIS, and the high schools had two (or more) SPARK Counselors, one working as a Prevention Specialist, and the other, an Substance Abuse Counselor.

District drug programs, in general, offer a wide array of services (including parenting workshops, referrals, family counseling, group counseling, individual counseling, peer counseling, peer-led activities, group counseling for Children of Alcoholics (COA groups), and writing workshops). This, however, does not mean that these services are available for children in every district, school or grade. In some districts, family counseling is offered on a district-wide basis to most effectively utilize staff and resources, but in others, children and families are referred to outside agencies for these services.

Directors' Roles

Directors of substance abuse prevention programs fulfill every major function of their programs' operation:

administrative, supervisory, curriculum development, planning, and grant development. Unlike Directors of other district-wide programs, they are also responsible for their own budgets. While this gives the substance abuse program Directors a great deal of autonomy over their programs, it also places an enormous workload upon them.

The majority of district Directors focused on several key roles. First, their administrative role involves assurance that the program complies with state and federal requirements, that funds are spent correctly, and that programs get developed, implemented, and improved.

Directors develop programs, in large part, in response to state guidelines and research demonstrating the promise of specific strategies. One Director explained:

> One important thing to realize is that programs are driven by the funding agencies and by the forms that we are required to fill out. When the state gives us forms to complete which ask, for example, if we do parenting activities, this is a clear message about what the funding agencies are expecting of programs. Programs respond to these in a direct way.

Directors also referred to their role in fundraising from outside agencies. Fundraising is a problematic issue because it is both enormously time-consuming and, for some, requires skills they do not have. Directors complained not only about the time required for developing funding -- time taken from implementing programs -- but also about the nature of the grant funding process itself which adversely affects the quality of programs.

Because grants are provided for a short period of time, a configuration of grants must be developed piecemeal to keep programs operating over a longer term. There is always the threat that a portion of the drug program or its staff may be discontinued, regardless of how well they are performing.

One Director explained that dependence upon grant monies has led to the proliferation of overlapping services; the inability to plan and coordinate for the long-term; the hiring of experienced personnel for only short periods of time; an inordinate amount of time spent on writing grant applications and reports to the funding agencies; the uncertainty of awards of funds until shortly before program start-up; and funding that is available only for programs that respond to a particular political agenda.

Third, Directors referred to their role in developing cooperation, collaboration, and integration of substance abuse prevention and other district programs to provide a coherent system of services and avoid unnecessary overlap and duplication, even when different services are funded separately and staffed along separate lines.

Almost all Directors reported support from their district Superintendent and school boards. A few, however, noted that their Superintendent was not supportive, and some stated that unsupportive Superintendents obstruct the implementation of a district's substance abuse prevention program.

One Director pointed out that "when drug program staff work as a team with other service staff, the program is more effective." She explained that she regularly meets with Guidance staff to plan services and discuss cases. In another district visited, different programs share resources, thus increasing all programs' ability to provide services. Several Directors reported joint staff development for SAPIS and Guidance Counselors. One Director noted:

> When a teacher joins forces with a drug counselor, a program can get off the ground that might not have been possible with the funding or staff time available for only one of these staff persons.

Directors' jobs also involve facilitating the integration of substance abuse prevention services into the entire service structure within each school. When services are integrated, staff from different areas work more closely, and the result is greater cooperation and increased services for the students. To do this, Directors must act as "public relations" people for their programs. They must present their programs to Principals, Guidance Counselors, and other school staff to gain their support and cooperation.

Another main role of Directors is supervisory, through staff development sessions, one-on-one case consultations, and school visits. All Directors reported an emphasis on staff development. District Directors reported meeting with their SAPIS on a weekly, biweekly, or monthly basis. They stressed that they were available for case consultations and stayed in close touch with each SAPIS. Staff development for SAPIS may take the form of a meeting in which a SAPIS, or a guest speaker, gives a presentation, or the agenda may have been developed from SAPIS' recommendations. However, some Directors, particularly those without Assistants, complained that they do not have enough time to go into the field to observe and supervise.

Directors report encouraging SAPIS interaction with each other for mutual support and information sharing. They describe positive collegial relationships among their staff, in one case described as a "family." One Director noted that in addition to professional meetings, she provided opportunities for staff to socialize, celebrating birthdays, and other occasions to cement their good working relationships. Staff in some districts are paired as buddies, or more experienced SAPIS are assigned to help newer SAPIS on the job. While informal, this is staff development as well.

An additional role of Directors is linking their programs with the community. It is widely held that for school-based programs to be effective, community acceptance and support are needed. Directors view prevention efforts in schools as one part of an overall community-wide substance abuse prevention strategy. Directors reported that they work to develop linkages with community-based services that can be used as referral sources for students and their families.

Directors and their staff also work to increase the public's awareness of their own program, for example by disseminating anti-drug and program service information at street and health fairs, and marching in parades. Some Directors see their programs as a counseling and referral resource for community residents who are parents of children enrolled in New York City Public Schools, as well as for parents of school children and school employees who have substance abuse problems. One Director reported giving workshops to community boards.

In addition, Directors work with community agencies and institutions in order to strengthen their own prevention programs. One Director stated:

> Drug programs can never work unless they are part of the community....We work with any organization that can help our cause and give us funding.

Several Directors pointed out their close working relationships with local police precincts. One Director reported offering joint programs with community service agencies, such as churches that send their own staff to schools to run after-school or tutorial programs. Another Director described a "smoke-out" in schools organized by the American Cancer Society.

One Director summed up her job: "orchestration, getting people together, unifying, putting together, maintaining, and assuring the delivery of high quality services."

Requirements and Needs for Effective Programs

In their in-depth interviews, Directors described the characteristics of an effective program. Effective programs were holistic and comprehensive: they offered a range of services to address the scope of students' needs and worked collaboratively with parents, families, community groups, public agencies, merchants, the police, and the media. Many Directors noted that prevention and intervention services should be ongoing, afterschool, and during the evenings, weekends, and summer.

Directors indicated that parental involvement is a critical element in supporting these efforts. They often noted the weakness of programs' parental involvement component. This was especially serious in the junior high and high school years. Yet, in the elementary grades, parents' involvement was labeled "mediocre" by more than one Director.

Directors also reported that the right staff makes for an effective program. Staff must be "well trained," and "accessible and caring." Others noted that greater numbers of well-trained staff, and "more educated young Black males" were needed.

Third, Directors reported that the acceptance and integration of SAPIS in schools, teachers' support of substance abuse prevention efforts, and cooperative relationships with school administration were requirements for effective programs. Some Directors noted that building relationships with school staff and teacher training were their top priorities for creating an effective program.

Finally, Directors noted particular services they believed must be in place in an effective program. A few cited the importance of classroom prevention lessons for all students, which would include specific knowledge about drugs and the consequences of using drugs, generic affective skills, such as stress reduction and decision-making, and refusal skills. Evaluation studies of the effectiveness of classroom prevention lessons on reducing substance abuse are inconclusive, but lessons remain a main program strategy nationwide (Schinke, Botvin, & Orlandi, 1991).

About half of the interviewed Directors stated that individual and group counseling were their most vital programs. According to one Director, "at-risk youths' problems need to be addressed within the safety of the small group, among peers and with the facilitation of a skilled leader." He argued that one of the key features of the drug program was to provide "a haven where students can be themselves, find themselves as constructive human beings as they interact with their peers."

About half of the interviewed Directors stated that they could not name any services that were more vital than others because all services functioned as a totality with all parts contributing to the program's strength. Some suggested that an effective program's services should include a rap group, family counseling, positive alternatives, and special programs, such as peer and arts programs, trips, guest speakers at assemblies, mentoring services, and a range of school-wide activities. One Director explained:

> I've built this program based on my philosophy of what's needed; pieces evolved because of what was needed. Each of my parts makes up the whole.

Thus, Directors generally saw the range of their services, rather than any specific service component, as a program strength.

Directors did note, however, that programs would be more effective if they operated under better working conditions, including better access to needed equipment, supplies, and curriculum materials, as well as better salaries.

THE SAPIS

SAPIS Characteristics

Substance abuse prevention programs are often referred to by different names, such as Project Concern and Project Friend, and the title of staff providing services is often renamed as well, e.g., Counselor instead of SAPIS. District staff explained that not using the term "substance abuse" or "drug" in the service provider's title helps reduce stigmatization of the program and the children receiving services. In this report, however, the title SAPIS is used for service providers at all school levels.

SAPIS in New York City schools are hired by their community school district Director or high school borough Supervisor, and are employed at three salary levels based on their job responsibilities. Of the 24 SAPIS interviewed, twenty had obtained their college degree, with seven of these with Masters degrees, and another four with some graduate credits. Four had some college credits, and one had only a high school diploma. With the recent constricted job market and with substance abuse prevention programs' growing years of experience, it has been possible for Directors to select staff with higher educational levels than in the past.

Staff patterns reveal a greater stability than might be assumed based on the widespread perception of burnout among direct service providers to at-risk youths. In spite of the potential for burnout, interviewed staff's years of working in substance abuse prevention ranged from 1.5 to 20 years, with a mean of 7 years. About two-thirds of SAPIS' responses revealed their expectations of remaining in their positions for the long term. The remaining staff viewed their jobs as short-term, citing such reasons as low pay and no chance for advancement. Three-quarters of Directors' responses indicated that staff turnover was not a problem.

Interviewed Directors reported their emphasis on upgrading staff's skills and expertise. One Director explained that she aims for her staff to become "experts."

> Staff have to go to a conference every year, and they'll have to make a presentation or bring back materials to share with the rest of the staff. They must keep up in one area and become experts. They must run workshops for school staff. If they don't feel conversant with the topic, for example, AIDS, I'll do

> the workshop for them once, but the next time they will have to read up and do it. I give them materials to read so they can become knowledgeable about the subject. I think that drug staff should know enough to be a respected person in the school. Teachers won't learn from someone they don't respect. Problems come when people don't respect people delivering the services.

The characteristics of SAPIS most important to Directors included (1) their caring personality, their liking kids, informal style, parenting qualities, ability to listen; (2) experience and skills in counseling; (3) similarity in race and ethnicity to the majority of students; (4) membership in the community to enable them to serve as a role model, know families, agencies, and police; (5) knowledge of substance abuse field, including a counseling and health background as well as teaching skills; and (6) ability to handle independence and be open to learning new ideas and techniques.

SAPIS Roles

SAPIS share a broad view of prevention. Their concern is for the whole child -- whatever it is that affects the child's well-being and healthy development, including family, academic, social, and psychological factors. They see prevention as strengthening children's individual self-concept and skills as well as reducing the risk factors in their home, peer, school, and neighborhood environments.

SAPIS are the most accessible people in school to the students. They can be visited without an appointment or referral. Theirs is an "open door" to all students, and their approach is informal, caring, and nonthreatening. They have become known in their schools as the safe person to speak with about one's feelings and problems. One SAPIS explained: "Anyone who wants to can come to see me; I don't turn anyone down."

SAPIS help a child get a tutor to raise his/her grades, offer a frustrated child an outlet to talk about his/her difficulties, and serve as an advocate with a teacher. They work with at-risk students on the issues the students present to them, and are not driven to directly focus on substance abuse issues. One SAPIS described her job as "reaching kids who are falling through the cracks and don't get help."

There is more flexibility in the SAPIS job than in the jobs of other school personnel since they can work with students, staff, community, and parents as needed. In fact, a major strength of the city's substance abuse prevention program is that it has been saved from overbureaucratization.

SAPIS serve as a resource in their school for students, teachers and Principals. SAPIS in elementary and middle schools either provide or assist teachers to provide eight mandated classroom prevention lessons to each class per year, and offer intervention services, primarily individual and group counseling, to children identified as at-risk. The majority of interviewed SAPIS reported spending the greatest amount of their time providing classroom prevention lessons, followed by their time spent on counseling.

In high schools, SAPIS divide their roles: the Prevention Specialist provides classroom prevention lessons and the Substance Abuse Counselor provides individual and group counseling to at-risk students.

SAPIS assist teachers, informally and in teacher staff development sessions, to identify at-risk students for referral and to infuse prevention concepts into their regular class lessons. They do crisis intervention and are responsible for case management, as a member of the School-Based Support Team (S.B.S.T.) or Pupil Personnel Team (P.P.T.).

In numerous districts, SAPIS are also the key link with community service agencies, and are responsible for coordinating referrals from their school, often in consultation with their Director. In other districts, however, SAPIS do not work as closely with community agencies, and coordination and referrals are primarily handled by either the District Director or the school Guidance Counselor. In addition, some SAPIS organize and lead parenting workshops.

Finally, SAPIS with unique talents implement a variety of activities that enrich the lives of at-risk youth, for example, videotaped, theatrical, or musical performances, art projects, or simply taking children on field trips.

In sum, the SAPIS acts as prevention teacher, counselor, teacher trainer, resource for crisis intervention, participant in the S.B.S.T. (or P.P.T.), and liaison with the community and parents. One Director's comment, "It's the SAPIS who's the key to the success of the program," is echoed by many others interviewed.

Most Difficult and Rewarding Parts of SAPIS' Job

SAPIS were asked to describe the most difficult and most rewarding parts of their job. The most difficult parts of their job fall into several categories.

First, some felt that they did not have enough time to do everything that needed to be done. Some SAPIS reported spending an inordinate amount of time providing classroom prevention lessons which reduced their time available for intervention services. In addition, some SAPIS noted that their time becomes further limited by the demands of their paperwork. One SAPIS explained:

> I have 25 students who are actively doing tasks [and participating in] counseling that I have to keep tabs on, to know what is going on, and to keep up with all of their activities. To be able to do all these things, and to do them well [is difficult].

SAPIS also reported problems in scheduling counseling time with students. They avoid scheduling meetings during major subjects, but other times are very limited. Sometimes, teachers do not want to allow students to leave class.

Another difficulty is not being accepted by some teachers and other school staff. Some believed that being known as staff in a "drug and alcohol" program stigmatized them. Several SAPIS noted that they need more help from their Directors in dealing with school staff. Some reported that a greater presence on the part of their Directors would be helpful. One SAPIS stated:

> [I would like] her to present things herself, to represent the program as a whole. If she could come into the school, that would be good. She should show up every once in a while, giving an indication that she's around.

Some SAPIS reported a sense of frustration and powerlessness in helping resolve a student's problems. Staff reported these feelings in the following statements:

> Sometimes there is nothing I can do to help the students with their problems except listen to them; when there is a problem in the home, you can't take the kid out of the home.
>
> When a child sits here and tells me their family problems I would like to make it better but it is not what I can do -- it is hard.
>
> Sometimes nothing [can] help when you have a student who is looking at you to fix whatever is wrong with him or her, and you can't, and you have to let them know that there is nothing you can do.

Some SAPIS reported their need to talk with colleagues about their jobs to help boost their morale. Some stated that they needed greater support, guidance, and supervision from their district Director. More than half of the interviewed SAPIS expressed the need for training in specific areas, such as group techniques, intensive group work, abuse, neglect, and incest.

SAPIS reports point to the need for Directors to do more individual case consultation with their staff. If they do not have sufficient training for this, they should bring in consultants to do this case consultation, and should, themselves, pursue training in this area. SAPIS, in turn, may need to be made more aware of how they may ask for help in these frustrating situations.

Another difficulty of SAPIS' jobs is dealing with parents and families. One SAPIS stated:

> The most difficult part is family crisis intervention, like talking to parents about sexual abuse or suicide, because parents tend to deny anything that's happening.

SAPIS stated that families do not keep appointments or follow-up on referrals. "The [students] who really need their parents to come, they don't come," said one SAPIS. SAPIS reported needing greater assistance and training in working with parents and families. They reported needing to learn more about family therapy, parent workshops, working with parents who are substance abusers, and how to get parents involved.

Some SAPIS reported difficulties in communicating and doing outreach to community-based organizations as well as gaining access to community services. One SAPIS said that it was difficult to "find the appropriate services for people when there are not many services available." Some interviewees stated a need for more direct assistance from their Directors in making links and doing outreach with community-based agencies. Yet, a few SAPIS noted that they were relieved that they did not have to handle referrals themselves. One stated, "I think it is fine for the Guidance Counselor to handle these contacts." Another said, "We should have special people to deal with community agencies."

Finally, some SAPIS reported difficult physical working conditions. A few described not having a separate or sufficient space for counseling in privacy. One reported that at times she has to do home visits alone and enters potentially dangerous situations.

SAPIS reported that the most rewarding parts of their job were helping students, that is, "making the connection, knowing I am getting the message across," "seeing kids pass their classes and feeling better," "seeing one peer positively influence the decision-making of another peer," "hearing students say they have someone to talk to, that they feel hopeful, that someone cares," "seeing some of the kids experience success, having completed a task, gotten recognition -- some for the first time; now they can say, 'I can do that.'" A final quote from a SAPIS sums up her sense of accomplishment:

> When students make progress they open up more in the group, their attention span improves. There are positive behavior changes and better academic performance. This happens a lot. This improvement is the reward. It makes you feel like you are doing something worthwhile. But it is not just me, my ability, but the child's. It is their goodness that is inherently there, and they need someone to help them get it out.

III. SCHOOL CONTEXT

Interviews with District Directors and SAPIS suggest that substance abuse prevention programs operate most effectively when their staff are accepted and integrated within a school, and when school staff participates in prevention efforts. This chapter discusses some of the factors within the school that affect a substance abuse prevention program's effectiveness. It also discusses teacher training, one of the six services selected for the field study.

SAPIS AND SCHOOL STAFF

Principals' Support

Substance abuse staff emphasized the influence that a Principal has on a program's operation in a school. One of the jobs of Directors is to do the public relations necessary to "sell" their programs to Principals, who can determine, apart from mandated classroom lessons, the extent of SAPIS' role in their school. One Director explained:

> Principals are generally accommodating and allow us in -- most do not give us a hassle. We have them invest in the program by asking them what they want to see done in their school. We let them know we are trying to meet their needs. They seem to like this.

One Director noted: "A program can only succeed when a Principal is involved." Another Director stated: "The Principal

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knows that the SAPIS is picking up and seeing people that no one else is."

All of the interviewed SAPIS reported that the Principals in their schools supported their work. This is not surprising since the interviewees were selected by their Directors as representatives of well-functioning programs. One SAPIS reported: "The Principal is very cooperative, approves of the program, sees its necessity, and supports it 100 percent." Another stated: "The Principal goes with me on everything." This comment was coupled by the Principal's remark: "The SAPIS has taken care of staff members with alcohol problems." A third SAPIS added, "The Principal gives me help whenever I need it; I touch base with him every day."

Although Directors reported that cooperation and support by Principals is generally satisfactory, some were candid in describing how a few Principals in their districts made it difficult for substance abuse prevention programs to work in their schools, citing these Principals' unwillingness to allow SAPIS into the school because of previous bad experiences, and an unwillingness to allow outside agencies into the school. In a few cases described by Directors, Principals misused SAPIS in their schools, such as by inappropriately assigning them to hall patrol.

Another Director explained, however, that because a Principal is the on-site supervisor, SAPIS must listen to her/him.

> If there's a problem, the SAPIS can tell me later, but she must defer to the decisions made by the Principal. I speak to the Principals all the time.

In this district, when a Principal wanted the SAPIS to cover the 7:30 a.m. breakfast program, the SAPIS cooperated, but ran a discussion rap group at the same time. The Director explained that this achieved the Principal's and SAPIS's goals: the Principal had an adult present in the early morning, and the SAPIS provided a prevention service.

Yet, this example shows the tension that can exist between Principal and substance abuse staff. Just as Principals must identify their needs, the job of Directors is to identify the focus of the substance abuse program and the job of SAPIS is to perform as a professional, not in any role designated by the Principal. The Director of this district stated:

> I encourage Principals to make sure that the drug program is incorporated into their schools. We never go behind the Principal's back -- no stepping on toes. If there's a conflict between a Principal and the SAPIS, we move the SAPIS.

School Staff's Awareness and Understanding of Substance Abuse Prevention Programs

For the effective implementation of a substance abuse prevention program in a school, teachers must be aware of and understand the role of the prevention program as a first step toward bringing prevention into the students' school experience.

This study asked SAPIS and Principals about teachers' awareness of and understanding of the substance abuse prevention services in their schools. Most SAPIS reported excellent or satisfactory teacher awareness of their roles and responsibilities, while only four interviewees rated staff's understanding as fair or poor.

Principals' reports of their staffs' awareness were also generally positive, possibly reflecting, in part, their role as spokespeople for the well-functioning programs in their schools. Most of the 24 Principals interviewed stated that their school staff are generally very or sufficiently well-informed about the prevention services available in their school. One Principal noted: "School staff see the SAPIS as a resource for all kinds of difficult situations....she has integrated herself into the fabric of the school."

The Principals who reported that school staff were not well-informed about prevention services clustered in the high schools. Teacher turnover was cited as a possible reason. Other possible reasons include the larger size of teaching staff and their reduced contact with SPARK Counselors.

A self-administered anonymous questionnaire was distributed to all regular education teachers in the schools participating in the field study to learn about teachers' awareness and utilization of prevention services in their school. With a return rate of only 27 percent of all questionnaires distributed, the teachers who completed the questionnaire may not be representative of the larger teaching body. Their decision to respond to the questionnaire may have been based on their greater than average interest in substance abuse prevention issues. Yet, the responses of this group of teachers nevertheless reveals only a general awareness of what substance abuse prevention is all about.

Teachers' reports of services available in their schools underestimate the actual numbers of services offered. According to the Directors and high school borough Supervisors interviewed in this study, an average of 5 different services are offered in the elementary and middle schools, and an average of 8 different services are offered in the high schools.

Asked to list substance abuse prevention services in their schools, less than half of teacher questionnaire respondents listed any specific services, while about half reported that there was a "drug program." The remaining 10 percent stated that they did not know of any substance abuse services in their school.

Teachers were also asked who provides substance abuse prevention and intervention services in their school. About one-quarter of the respondents did not know or did not answer the question. Teachers' responses, then, indicate less awareness of what drug programs do than interview data suggest.

When asked if they had received staff development offered by substance abuse prevention staff, a main vehicle for teachers to learn about the substance abuse prevention program, 60 percent of respondents in the elementary schools reported that they had, compared with only 42 percent of teachers in the middle schools, and 38 percent in the high schools.

Acceptance by School Staff

While SPINS/SPARK Counselors generally reported that teachers are aware of their services, they were more critical of the degree to which teachers actually cooperated in prevention efforts. In all but two districts, Directors and SAPIS revealed that conflicts with teachers and Guidance Counselors did sometimes occur. It is highly likely that in these two districts, conflicts are also present, but interviewees preferred not to discuss them.

SAPIS reported teachers' lack of acceptance of them in the school and resistance to allowing students to leave class to participate in prevention services, as two of their main job difficulties, even though 85 percent of teacher questionnaire respondents reported that participation in substance abuse prevention services did not create difficulties for their students' class work. A few teachers noted, however, that students should not miss too many classes or take advantage of these services to cut class, as some had.

According to several SAPIS, some teachers are locked into an academic frame of reference and do not really understand what prevention is all about. One SAPIS reported:

> Teachers sometimes give a hassle because they need to get their lessons done and the kids are being pulled

> out of class, so there are scheduling problems that create conflict.

Another SAPIS explained:

> Teachers are not so accepting of our services. Some are very helpful and will refer students. But others resent students getting pulled out of class. I think that some teachers see us as a bunch of ex-drug addicts. The fact that we're not in the UFT doesn't help. And sometimes students do use us to get out of class too much.

A third SAPIS reported:

> Teachers are a mixed bag. Many see the program in a positive way. Others see the discipline they teach as the most important thing and any time taken away from that is seen as interference and fluff. I try not to interfere with the major disciplines, but with minor track teachers, that's where the conflict comes. They feel slighted to begin with.

Substance abuse prevention staff at all levels maintain that SAPIS are professionals, but that school staff do not always perceive them as equals. Some interviewees noted that since SAPIS are not members of the UFT, they must make an extra effort to earn teachers' respect in their schools.

One Director reported that without higher degrees, SAPIS "do not have the automatic validation that credentials can bring; when guidance counselors and teachers have conflicts with SAPIS, we have to defer to them, and this challenges their [SAPIS'] morale." Another Director explained:

> It makes it a lot easier for [SAPIS] to gain the respect of teachers and Guidance Counselors if they

> have higher education. One of the problems the SAPIS has faced is a lack of respect by teachers. This is overcome when they have "proof" of their professional status.

SAPIS are initially helped in becoming part of the school if they have professional credentials. One SAPIS reported:

> There are problems with being accepted and seen as a professional. I don't find it for me personally here, but I do get questions about my background and credentials. It would be nice if they didn't question me as much.

The effectiveness of SAPIS depends upon his/her acceptance by school staff. This may, in turn, depend most of all upon his/her personal qualities, expertise, and length of time in the school. One Director summarized:

> Your role in the school is really determined by your personality. But it also matters how long you've been there to establish yourself. The newest ones haven't yet wormed their way in. It takes a few years because you're really not part of the institution. If you're the first SAPIS ever to be in a school, it's harder because you're bringing in a new program. There are SAPIS in the elementary schools in this district only for the last 5 years.

However, SAPIS without advanced degrees have earned a great deal of respect in their schools, primarily because of their expertise in their field. While college degrees help SAPIS gain respect from teaching staff, some SAPIS lacking these credentials have achieved an important place in their schools by bailing teachers and Principals out of crisis situations and demonstrating their abilities in working with students.

Although acceptance by school staff can be a problem, SAPIS generally maintain that relationships with pupil personnel and other school staff are cooperative. SAPIS participate on the S.B.S.T. or P.P.T. in order to discuss referrals, coordinate and avoid duplication of work with the same children, discuss cases, and plan for case management.

While relationships are reported as generally positive, some SAPIS noted strains with Guidance staff, citing competition for kids or being looked down on when they were not licensed Counselors. One SAPIS referred to the issue of "turf": "Guidance thinks SAPIS will be taking their kids away." A Director criticized Guidance Counselors on this issue: "The ratio of staff to kids is so great, so if there's conflict, it's crazy!" Another noted that the Guidance Counselor "keeps throwing cases at me that don't have anything to do with my program."

A Director needed to intervene on behalf of a SAPIS where her school's P.P.T. was excluding her from meetings. It was necessary for the Director to telephone the Principal and meet with Guidance and social work staff to establish her SAPIS's position in the school.

UTILIZATION OF SUBSTANCE ABUSE SERVICES

Identification of At-Risk Students

Most SAPIS interviewees reported that teachers were able to identify children at-risk for substance abuse using the same criteria that they themselves would use: behavioral signs, such as acting out; drowsiness; behavioral changes; poor attendance, family problems; and poor or declining academic performance. A few SAPIS pointed out, however, that some teachers are not sensitive to or aware of students' needs. One SAPIS stated:

> Teachers need sensitivity training, communication skills, more free time to spend with the students. They have too much paperwork and are pressured to get students to perform well on tests.

In contrast, some Directors indicated that teachers may not be identifying children as at-risk using the criteria that they would, and that teachers might rely on only the most obvious signs. One Director noted that some teachers divide the class into at-risk and not at-risk, based on obvious outward signs, although "there's another, more sophisticated level of understanding," that refers to children who show no outward signs and are still at-risk. Some of these are children of alcoholics who may, in fact, be overachievers or others who are simply withdrawn in class. This Director stated:

> Teachers don't know learning styles of children with different problems and don't see this as a high priority. They can't recognize their disabilities.

> That's where they need more education and awareness. Unfortunately, the "cloak of confidentiality" can overshadow our letting people know what we know.

Teachers were asked in their self-administered questionnaire to list the criteria they used to identify and refer at-risk youth to substance abuse prevention services. Nearly half of the respondents listed the following criteria: (1) behavior, for example, acting out, hyperactivity, and drowsiness, (2) appearance, particularly glassy or red eyes, (3) affect, for example, depression, anger, unhappiness, conflictedness, mood swings, attitudes or attitude swings, (4) academic performance, and (5) family problems, such as abusive parents or substance abuse in the household. A few teachers noted that "environment," i.e., students' poverty, neighborhood, and lack of parental supervision, is another criterion.

These criteria indeed fall into the same categories listed by Directors and SAPIS for identifying "at-risk" students. However, because less than half of the respondents listed any criteria at all, it is possible that at least some of the nonrespondents were unclear about how to identify at-risk youth.

Teachers were asked how they learned to identify at-risk students. Of the 417 questionnaire respondents, about half reported one or more of the following: (1) training they had received, but not from the drug program, and training given by the drug program, (2) their own experiences, and (3) informal discussions with colleagues, including substance abuse prevention staff. Some teachers additionally noted that they learned about a student's problems from informal conversations with them or because other students called it to their attention.

Teachers were also asked to estimate the proportion of their students who they believe are "at risk" for substance abuse. About 10 percent reported that more than three-quarters of their students were at risk for abusing drugs. Fifty-seven percent of teacher respondents reported that less than half of their students were at risk. (Twenty-one percent of respondents did not answer the question.) While it is difficult to interpret these data, it is important to note that a greater percentage of middle and high school teachers stated that they had no at-risk students in their class compared with elementary school teacher respondents.

Referral to Substance Abuse Services

Study findings reveal that teachers do not play as big a role in referring students to prevention services available in their schools as might be expected. Asked if they refer students to substance abuse prevention and intervention services, a lower percentage of respondents (46 percent) reported referring students to substance abuse services than not referring them (53 percent), even though 65 percent reported having at-risk students in their class.

The percentage of questionnaire respondents that reported referring students to substance abuse services varied widely between schools, from 25 percent in one school to about 100 percent in another. Teachers who referred students also reported greater communication with their SAPIS than teachers who said they did not refer their students to prevention services.

Reasons given by teachers for not referring students included the following: (1) their students did not need services, i.e., were not at-risk, (2) they themselves were unaware of the program, (3) they did not see direct evidence of substance abuse, (4) their students were too young to need referrals, (5) they referred their students to other services, such as guidance, (6) they do not think well of the substance abuse prevention and intervention program, and (7) the students who they would refer are too often absent. Other, miscellaneous, statements included: "students did not 'ask' for referrals" and "I'm not their parent."

These findings suggest that teachers underestimate the numbers of at-risk students in their classes and underutilize substance abuse prevention services for at-risk students, some who they themselves have identified. In fact, almost half of the teachers who said they referred students to the substance abuse prevention program also reported referring less than 10 percent of the at-risk students they identified. Although this finding is preliminary, if corroborated in future research, it would suggest that large numbers of at-risk youth may not be referred to services, at least by their teachers -- the single largest referral source among school staff in the lower and middle schools.

The reasons for this may be teachers' lack of awareness of what the program does, little communication with SAPIS, denial of substance abuse issues as they concentrate on what they perceive to be their primary academic teaching duties, and a mistaken notion that services are available only for "abusers."

STAFF DEVELOPMENT OFFERED BY SPINS/SPARK

Overview

Staff development for teachers (and noninstructional school staff) can be seen as essential for developing a positive school context in which a substance abuse program can operate effectively. This is the main means through which school staff can become aware of the substance abuse prevention program's roles, learn how to appropriately utilize the program and to play a greater role in teaching preventive concepts and skills, and become supportive of substance abuse prevention efforts in the school.

All interviewed Directors and Principals were asked about their staff development programs, and three programs were selected for further study. Directors and trainers in the three selected programs emphasized the importance, and success, of staff development. Principals asserted that training made a difference in their teachers' ability to identify at-risk youth and in noninstructional staff's coordination of student services, follow-up, and communication with substance abuse prevention program staff.

In addition, participants gave favorable reports of their training. Over 90 percent of respondents to the self-administered questionnaire who had participated in training reported that it had been "very" or "somewhat" useful to them.

The specific arrangements, scope, and depth of staff development offered by substance abuse prevention programs varies among districts and schools. Formal training sessions available to staff can include as much as an 8-week training period, using a developed curriculum and training materials or be quite limited; some Principals give SAPIS only a short time to present their programs at faculty meetings, which may be followed by written and informal communication.

SAPIS reported offering training to school staff in three-quarters of the schools visited in the field study. This training was provided in all ten elementary schools in this study, but not offered in two-thirds of the middle and high schools combined. Some Principals regarded training as a valuable tool for sensitizing their staff, but a few indicated that the amount currently offered was sufficient, even when this only consisted of one orientation at a staff meeting.

The effect of these staff training sessions is uncertain, according to some Directors. First, teachers' backgrounds differ and there is no clear standard for what comprises satisfactory training components. One Director noted that training in his district is very successful in the short-term, but that it would be difficult to estimate its long-term success.

The success of training depends on more than a positive evaluation by its participants. The extent to which teachers utilize what they have learned in their training sessions and the effects of these new practices on their students need to be seen as the criteria for success. Very few evaluations of teacher training in substance abuse prevention have been conducted across the country. In one series of related studies, researchers found that while teachers rated the training sessions favorably, training had no effect on student attitudes or behavior (Moskowitz, Malvin, Schaeffer & Schaps 1983, Malvin, Moskowitz, Schaeffer & Schaps 1984, Schaps, Moskowitz, Malvin and Schaeffer 1986).

These studies revealed that there is no guarantee that teachers implement in their classrooms what they learn in their training. Evaluations of the impact of teacher training on students' substance abuse outcomes in New York City schools have not yet been conducted, but this study's focus on training provides data on how training participants and nonparticipants report their roles in prevention.

According to some Directors, lack of teacher interest in voluntary staff development given by SAPIS is a problem. One Director stated that only some teachers are interested in attending special training sessions, but while some of these come for the paid time, they do, nevertheless, gain something from it. It is possible that some teachers who volunteer for staff development may also be those who already believe they have a role to play in prevention and want to acquire new teaching techniques. Many who do not volunteer for training may, in fact, be less convinced that they have a role to play in prevention.

Teacher Responses to Staff Development

In their self-administered questionnaire, teachers were asked if they had received special staff development to help them identify students in need of substance abuse intervention services. No description of this staff development was obtained. Forty-five percent (186) of questionnaire respondents reported that they had, 50 percent (211) reported they had not, and 5 percent (20) did not respond to the question. While these percentages may be seen as reasonably large, it must be restated that staff who responded to the questionnaire may be unusually likely to be interested in substance abuse prevention and that participants' definitions of what constituted staff development may differ. In addition, the percentage of teachers in each of the 24 study schools who responded to the questionnaire ranged widely, from as low as 19 to as high as 100 percent.

Most teachers reported that their staff development had been useful to them. However, about half of the teachers in the elementary and middle schools responded that staff development had been "very useful," compared to one-third of teacher respondents from high schools. Teachers reporting receiving staff development responded more frequently that they had excellent or good communication with SAPIS, compared with teachers without training (79 percent compared with 45 percent). Yet, elementary school teacher respondents more frequently rated communication with SAPIS as excellent or good compared with middle and high school teachers (see Table 2).

The percentage of teacher respondents who rated their communication with SAPIS as excellent ranged from as low as 6 percent in one school to a high of 78 percent in another; both these extremes were in high schools. Conversely, the percentage of teachers who rated their communication with SAPIS as poor ranged from a low of 4 percent, in a junior high school, to a high of 67 percent in one of the studied elementary schools.

Almost twice as many positive comments about their communication with SAPIS were made by teachers who reported participating in staff development than by teachers without staff development. Conversely, twice as many negative comments about communication with SAPIS were made by teachers without staff development than by teachers with staff development.

Some teachers' comments about their communication with SAPIS indicated that they were unaware that there was a substance abuse prevention program, or a SAPIS in the school, even for some who had also reported that they had received staff development. Other comments revealed that teachers thought SAPIS was unavailable, or that their lack of communication was because they did not see themselves or their students as "participating

Table 2

PERCENTAGE OF TEACHER RESPONSES BY PARTICIPATION IN STAFF DEVELOPMENT AND SCHOOL LEVEL

	Elementary Schools Participation		Middle School Participation		High School Participation		Total Participation	
	Yes %	No %	Yes %	No %	Yes %	No %	Yes %	No %
Communication Rating:								
Excellent/Good	80.5	58.0	84.5	43.8	70.6	37.0	79.0	44.5
Poor	15.6	32.0	12.1	43.8	17.6	44.4	15.1	41.2
No response	3.9	10.0	3.4	12.5	11.8	18.5	5.9	16.2
Discussions/Meetings?								
Regular/Occasional	62.3	40.0	70.7	23.8	62.7	30.9	65.1	30.3
Rarely	24.7	30.0	22.4	40.0	23.5	33.3	23.7	35.1
Not at all	9.1	28.0	6.9	36.3	11.8	35.8	9.1	34.1
No response	3.9	2.0	-	-	2.0	-	2.1	-
Do Teachers Refer?								
Yes	35.1	24.0	44.8	26.3	41.2	16.0	39.8	21.8
No	10.4	6.0	25.9	21.3	21.6	19.8	18.3	17.1
No response	54.5	70.0	29.3	52.5	37.3	64.2	41.9	61.1
Discuss Referred Students?								
Yes	48.0	28.0	67.2	40.0	53.0	24.7	55.4	31.3
No	46.8	60.0	31.0	47.5	43.0	61.7	41.0	55.9
No response	5.2	12.0	1.7	12.5	4.0	13.6	4.0	12.8
	N=77	N=50	N=58	N=80	N=51	N=81	N=186	N=211

- Teachers who received staff development reported with greater frequency than teachers without staff development that they (1) had excellent or good communication with SAPIS, (2) had discussions and meetings with SAPIS, (3) referred students to substance abuse intervention services, and (4) discussed the progress of students they referred with the SAPIS.

in the program." A sample of the comments of teachers who participated and did not participate in training are listed below; these comments show a similar range of responses by both teachers who received and did not receive staff development.

Teacher Training Participants' Comments

- I don't know who they are. I don't know much about this program (elementary school teacher)
- The SAPIS makes herself available and gives me meaningful insight into the minds of troubled adolescents (intermediate school teacher)
- We are not fully aware of the problems if they indeed exist at all. We have been labeled as a drug free school (high school teacher)
- The SAPIS is always available, active in the community, able to establish trust between teacher, student, and parent (elementary school teacher)

Teachers' Comments (Not Training Participants)

- Apparently we had this service for some time, but the person keeps a very low profile (intermediate school teacher)
- The SAPIS is willing to discuss problems, follow through, give up her own time to intervene if necessary -- she's very professional (elementary school teacher)
- I realize that confidentiality is important, but more should be told to the classroom teacher if problems are discovered (elementary school teacher)
- The Counselor isn't appreciated enough in our school for her expertise, genuine concern, and effectiveness (high school teacher)

Teachers who reported that they received staff development indicated a greater frequency of discussions or meetings with SAPIS compared with teachers with no staff development (65 percent compared with 30 percent). Still, over a third of all teachers with staff development said they met only rarely or not at all with SPINS/SPARK staff.

Staff development participants also reported greater utilization of substance abuse prevention services, referring students to substance abuse prevention services more frequently than non-participating teachers (40 percent compared with 22 percent). Questionnaire results also show that teachers who received staff development discussed the progress of the students whom they had referred with SAPIS more frequently when they had received staff development (55 percent compared with 31 percent).

Although teachers' referrals are significant, SAPIS reported that self-referrals are the largest source of students in their caseloads, not teachers, Guidance Counselors, or any other school staff referrals, even at the elementary and middle school levels. It is possible that many "self-referrals" in elementary schools may, in fact, be teachers' recommendations based on students' specific self-identifying comments about their problems.

Staff Development in Three Settings Selected for the Field Study

OREA field staff observed three different staff development programs offered to teachers by substance abuse prevention programs in three community school districts. Directors of these districts and staff development workshop leaders were interviewed. Self-administered questionnaires were completed by 30 teachers in the observed training sessions.

In the first program, 18 same-grade teachers participated. These teachers reported having participated in only one training session during the year, but in a longer staff development program the previous year. However, the SAPIS workshop leader reported providing them with curriculum materials, spending 10 minutes at the start of their classroom prevention lesson to introduce the subject, and later making two follow-up contacts.

The Director noted that this SAPIS faced serious time and space constraints in providing training to teachers. It was particularly difficult to gather all the teachers in a single grade level at the same time for training. She could only see them during a grade staff meeting during which other agenda items took priority. She worked with teachers in schools throughout the district, although she also had a regular assignment to two district schools.

At the observed session, the SAPIS was given only five minutes at the end of a faculty meeting to talk about her program to teaching staff and distribute hand-out materials. There was no time for question-and-answer or any discussion of substance abuse prevention issues. Her presentation had been foreshortened because of its placement as the last agenda item and its incorporation into a larger staff meeting.

The two other observed staff development sessions were open to other school staff as well as teachers on a district-wide basis. In one of these, the 12 volunteers came from the same school, and all except one person were teachers. A Training

Coordinator had been hired from outside the district. Participants reported having participated in 1-4 training sessions, lasting 1 1/2 hours each, during the year.

In this observed training session, teachers appeared interested and enthusiastic. The trainer was skillful at getting the trainees to open up and share experiences, frustrations, and concerns regarding the special problems and needs of at-risk students. Discussions were lively and at times emotional. The trainer made sure that the teachers had a chance to talk about how they would use the materials that were distributed.

In the other observed district-wide staff development session, only teachers volunteered. The 15 participants represented seven schools in the district. Their trainer was a school Principal. In this program, participants reported having attended at least six two-hour sessions. Three of the trainees reported attending 18 or more other sessions. The total number of staff development hours during the 1990-91 school year varied widely in the three programs, from less than a half-hour to 12 hours or more. The teachers in this session appeared interested and their contributions indicated that they were already incorporating previously learned training materials into their classroom lessons.

Interviews with the three Directors whose training programs were observed indicate that while the programs varied in organization, they shared the goals of (1) reaching larger numbers of teachers, (2) focusing on how to identify and refer students, (3) giving teachers greater understanding of the key concepts in prevention in order for them to incorporate these concepts into classroom teaching, and (4) making teachers aware of the programs available in the school. Offering staff development was also viewed as a means of enhancing the stature of SAPIS in the schools.

Leaders of staff development sessions reported that they emphasized to their trainees that they, the trainees, are responsible for providing substance abuse prevention material, whether in separate lessons or integrated into the regular curriculum. They gave the message that teachers play an important role in preventing substance abuse and need to help their at-risk students.

Leaders stated that the most difficult concepts and techniques to get across to teachers were how to listen and interact with children, recognize that they, the teachers, do not know all the answers, gain children's trust, break the age barrier so that the children know that the teacher can understand them, identify at-risk students, and infuse substance abuse prevention concepts into class lessons.

They noted that with verbal and written feedback, they were informed about the extent to which teachers understood what they had learned. One of the leaders assigned participants to practice certain techniques in their classes and report back to the group the following week on what their experiences had been.

Feedback from 30 teacher questionnaire respondents revealed the following topics covered in their sessions:

- helping to develop self-esteem
- identifying children of alcoholics or substance abusers, at risk of using drugs, and at risk of neglect
- developing students' communication, decision-making and problem-solving skills
- developing lesson plans and teaching prevention classes
- substance abuse resources in the school and community
- pharmacology
- stress reduction techniques
- classroom management

Teachers recommended that their training should have been longer, offered more materials and lesson plans, and included more teachers. The majority reported that as a result of staff development they had changed their role in substance abuse prevention, and that they were now more aware of substance abuse issues and signs of abuse. One said she now could identify and refer at-risk students.

But only four teachers in the observed sessions reported that their role in the classroom had changed since participation in staff development; these teachers now incorporate substance abuse issues into their class lessons. Since as much as 60 percent of the teacher trainees reported that they ordinarily incorporate training topics and techniques into their classroom lessons, it is not surprising that more teachers did not report any change in their role in the classroom.

Some teachers noted that they bring self-esteem issues into their classes, use specific curriculum lessons learned in training, and incorporate more information and discussion on drug issues. Most reported using the materials they received in training in their classrooms. About a third noted that they discussed training concepts or shared training materials with other teaching staff in their schools.

When trainees were asked if they refer more students to prevention services as a result of training, almost half answered that they did not, while one-sixth answered affirmatively (one-third of trainees did not respond to the question). It is possible that participating teachers already had the skills to identify and refer students, and hence, felt no need to step up their referrals. Only one-third of trainees reported that they learned to identify at-risk students from this training.

However, teacher feedback shows that only 15 percent of the trainees reported that they refer any students to substance abuse prevention services at all, stating that the main reason given for not referring students was that they did not need them.

Teachers who gave their feedback on the training were asked to describe the ideal role of teachers in substance abuse prevention. Responses pointed to the role of teachers in identifying and referring at-risk students, providing students with information on alcohol and other drugs, helping to raise students' self-esteem, and serving as a resource and a role model.

One Director argued that teachers are not playing the role that they could be playing to respond to their students' social and human needs. The Director argued that educational reforms need to include a re-education of teachers:

> There should be a retooling and reeducation of teachers on a broad scale and the recruitment of persons from liberal arts areas to partake in teaching [rather than recruiting teachers from] a narrow educational tract. Teachers need a more well-rounded education.

Other Directors would argue that with a "broader education," a "real commitment," a "moral tone," a "role model," teachers could play a much greater part in preventing substance abuse and related problems than they do now.

IV. SUBSTANCE ABUSE PREVENTION IN SCHOOL CLASSES

The repertoire of substance abuse prevention services in New York City's public schools are, in fact, early "interventions" aimed to reduce risk factors in children's lives, such as academic failure and family problems. Directors of substance abuse prevention programs generally define prevention in broad terms, that is, teaching children to acquire skills to cope with life's stresses and making healthy decisions throughout their lives.

The programs' main prevention approach, which reaches all students, is classroom substance abuse prevention lessons. Other prevention services are also implemented in various districts, for example, positive alternatives programs and discussion rap group sessions. Yet, according to one Director, available resources are insufficient for prevention efforts compared with resources for more expensive intervention services targeted at fewer children.

Specific intervention services are offered to children identified as at high risk for abusing drugs and alcohol. These intervention services are also "preventive" since they aim to reduce specific risk factors that might lead them to substance abuse; children identified as at-risk for substance abuse are frequently not abusers at all. One Director stated: "Druggies are not our kids; they are the parents." Another reported that when substance abuse is seen, it is mostly in the high schools and infrequently in the elementary or middle schools.

Individual and group counseling are the main prevention/intervention services offered in schools. Peer leaders are used in many schools as role models as well. In the higher grades, peer leaders take on an additional role of presenting classroom prevention lessons to their own or earlier grades as well as directly assisting at-risk students. They participate in special training and ongoing supervision to become peer leaders. Prevention efforts in the classroom are discussed below, while intervention strategies are dealt with in the following chapters.

CLASSROOM PREVENTION LESSONS

There is a fair amount of research on the effectiveness of classroom prevention lessons around the country, but most of it focuses on cigarette or alcohol prevention and does not target inner city classrooms. In a review of various approaches to classroom lessons, Schinke, Botvin and Orlandi (1991) described how the information approach, which focuses on factual knowledge about drugs and the consequences of their use, is ineffective in reducing or preventing substance abuse. These authors report that a dominant classroom focus on information on drugs and the consequences of using them has been shown to peak students' curiosity and increase their use.

Schinke _et al_'s review also criticized the utility of affective approaches used by themselves, that is, those that emphasize developing children's self-esteem or decision-making skills in achieving reductions in substance abuse. These authors argue that most effective classes include teaching resistance skills along with decision-making and self-esteem.

Some evaluations focused on classes that include brainstorming exercises, discussions, role-plays, and group tasks dealing with peer influence and conflict resolution (Gersick, Grady, & Snow, 1988). Outcomes were more positive with younger students than older ones, for whom any short-term positive effects did not last. The fact that the school population did not receive prevention classes at the same time may weaken outcomes.

Classroom prevention lessons are required for every student in the New York City public schools. They are the major vehicle for conveying anti-drug information and skills to the entire student population, with no risk of stigmatization. In fact, some Directors pointedly stated that _all_ children must be considered at-risk for abusing drugs, although certainly some children are at greater risk. This view is supported by one central office staff member: "In New York City, every child is at risk."

During manadated classroom prevention lessons, the greater risk of some students for abusing substances may surface as a result of their participation in class. In one school, children were asked by the SAPIS to write about their feelings. Some of the children's responses revealed serious problems at home that needed immediate attention. Thus, a function of classroom lessons is to help teachers and SAPIS identify children who may need additional services in a private and confidential setting.

For the students, the stated purposes of these lessons are to provide information and skills useful in preventing substance abuse and to familiarize them with the caring, available SAPIS who they can call on if they have personal problems to discuss. For teachers, the classroom lessons provide an opportunity to learn about substance abuse issues that they can later incorporate into their teaching and to make contact with the SPINS/SPARK staff as the referral source for students they identify as at-risk. Classes also can help teachers learn how to identify these at-risk students in their class.

The required number of classes per year is eight, but the actual number varies, from none to more than eight. Each class and each grade do not necessarily receive the lessons during the same term.

The presenters of these classes also varies. In some classes, the SAPIS provides the prevention lessons. In others, it is the teacher, sometimes together with the SAPIS, or with the SAPIS introducing the lesson. Elsewhere, other school staff give the lessons. This may come about because of insufficient SAPIS staff in a district or because school Principals prefer their own staff to take charge of this curriculum without any SAPIS present in the school.

In districts and schools participating in the School Program to Educate and Control Drug Abuse (SPECDA), police officers enter the classes to provide the lessons. Some respondents take the view that younger students would be most comfortable receiving prevention lessons from their regular teacher, with whom they are most comfortable. In one district, the Director also maintained that the use of police as prevention teachers was inappropriate, especially for young children.

In high schools, peer leaders may present class prevention lessons. Peer leader role models are believed to have a greater impact on students than adults, particularly for adolescents, although the effectiveness of prevention lessons taught by peer leaders needs to be studied.

According to Directors and SAPIS interviewees, successful classes must appeal to the real experiences of children, be age- and neighborhood-specific, give children specific coping skills that they practice in class, such as decision-making and resistance skills, and have the support of teachers. There is some disagreement on the value of teaching specific pharmacological facts to children. Some Directors reported that such knowledge acquisition is not a deterrent to substance abuse, a view supported in the literature.

TEACHERS' ROLE

Directors and SAPIS alike suggested that teachers should play a significant role in substance abuse prevention. One SPARK program Supervisor stated:

> The teacher is not just a purveyor of knowledge but [should show] overall interest and sensitivity to students as whole people and express willingness to do that. It is not something that can be mandated.

Half of the Directors noted that it is the role of teachers, rather than SAPIS, to provide substance abuse prevention classroom lessons. One Director stated:

> Teachers are the children's greatest resource. They are the most constant thing that kids may see in their lives...teachers should be teaching the prevention lessons.

Some Directors suggested that teachers' job should include infusing substance abuse prevention concepts into their everyday classroom lessons. Several stated that substance abuse prevention should be entirely incorporated into students' regular curriculum. This view is based on the fact that substance abuse does not occur in isolation and thus prevention should not be isolated from other programs. One Director stated: "We wouldn't need drug programs if schools did their job."

Directors indicated that greater coordination of teachers with substance abuse prevention staff was needed, for example to enhance teachers' skills in communication techniques. In addition, a majority of interviewed Directors noted that teachers should serve as supportive role-models and help students develop as people capable of making healthy choices.

Teachers themselves were asked in the self-administered questionnaire to describe what they believed was their role in prevention. About sixty percent of the teacher respondents answered this question, sometimes offering more than one response. Sixty-one percent of those who responded to the question indicated that their role consists of identifying at-risk students, or students with signs of substance abuse, and referring them to services. Second, 24 percent of the respondents referred to "infusing" substance abuse prevention into their regular classroom lessons, and 20 percent referred to using substance abuse prevention curricula. Some teachers indicated their need for training in order to play a role in prevention, for example, by helping students develop self-esteem and refusal skills.

Teachers were asked how much they incorporate substance abuse prevention concepts into their classroom lessons. Less than a fifth reported that they incorporated these concepts frequently, but a third reported incorporating prevention concepts into lessons "rarely" or "not at all" (see Table 3). However, the percentage of teachers who incorporate prevention concepts into class lessons is greater for those who reported

Table 3

TEACHERS' INCORPORATION OF PREVENTION CONCEPTS INTO CLASS LESSONS BY PARTICIPATION IN STAFF DEVELOPMENT

	Participated in Staff Development (%)				Total (%)	
Rate of Incorporation of Prevention Concepts into Lessons	YES		NO		TOTAL	
	#	%	#	%	#	%
Frequently	35	19	32	15	67	17
Somewhat	40	22	23	11	63	16
Occasionally	53	28	56	27	109	27
Rarely	37	20	46	22	83	21
Not at all	10	5	41	19	51	13
Other	2	1	3	1	5	1
No response	9	5	10	5	19	5
	186	100	211	100	397	100

- A greater percentage of teachers who reported that they received staff development responded that they incorporated prevention concepts into their classroom lessons either frequently or somewhat, compared with teachers who reported that they had not received staff development.

having received staff development. About 40 percent of those with staff development stated they incorporated these concepts "frequently" or "somewhat" compared with a quarter of nonparticipants. Further, only five percent of those with staff development, but 19 percent of teachers without it, reported not incorporating these concepts at all into their lessons.

There is also variation in teachers' infusing prevention concepts into their class lessons by school level. Fifty-three percent of elementary school teachers "frequently" or "occasionally" incorporated prevention concepts into classroom lessons compared with 40 percent for middle and 38 percent for high school teachers. In addition, less than one percent of elementary school teachers reported not infusing prevention concepts at all as compared to 17 percent of teachers in middle and 19 percent in high schools.

These findings may be explained by elementary school teachers' greater contact with substance abuse program staff, ease with which they can infuse prevention concepts (because of greater contact with the children and more flexible curriculum), and ease with which the substance abuse program can organize training and services in smaller elementary schools than in the larger middle and high schools.

CLASSROOM LESSONS IN SCHOOLS SELECTED FOR THE FIELD STUDY

Field staff observed seven substance abuse prevention lessons. Four of the classes, offered to students in grades two, four-five, seven, and eight, were given by SAPIS. In a twelfth grade class, a SPARK Counselor gave the prevention lesson. The other two were presented by peer leaders; one by two twelfth graders to a fifth-sixth grade class in an elementary school, the other by an eleventh grader to a tenth grade class in her own school.

The SAPIS presenters told field interviewers that the goals of their lessons were to (1) impart knowledge about drugs, (2) address self-esteem, peer pressure, and values clarification issues, (3) discuss motivations, feelings, and adolescent roles, and (4) teach communication, decision-making and coping skills. One SAPIS noted that it was important to adapt his curriculum to the students' specific needs and neighborhoods.

The five SAPIS whose classes were observed gave mixed responses when asked if they preferred that teachers remain in the classroom during the lesson; two SAPIS said they preferred that the teacher not be present, one preferred the teacher to be present, and the remaining two did not give responses. This is surprising since, overall, Directors and SAPIS maintain that teacher involvement is a basic component of prevention.

Teachers in two of the observed classroom lessons did remain in the room during the SAPIS's presentation; in two other classes, the teachers were present for part of the time. In the remaining class, the teacher was out of the room for the entire lesson, but in this case the SAPIS preferred it this way, nevertheless stating, as did all interviewed presenters, that he, has follow-up discussions with her. Two teachers who remained in their rooms were largely occupied with other activities. However, in the two other classes, the teachers interacted with the children, one encouraging students to participate and making comments as well. Thus, the five observed classes show much variation of teacher roles in SAPIS-led classroom prevention lessons.

All of the teachers who remained in their classes gave positive feedback about them. One stated:

> [The SAPIS'] program has been very innovative. The exposure to the radio show and the videotaping has been a positive learning experience for my students. I strongly feel that the program will have a lasting effect on my class.

Another said:

> [The SAPIS] is a very helpful person. He is always available to me for consultation. If I think a particular student is at-risk, he will speak to them and report the results to me. We both come to some agreement on a plan or strategy.

In the observed classes, there was a large amount of active student participation, which was encouraged by the presenters. In one class, students took part in a communication exercise with a partner. Presenters were enthusiastic and had good rapport with the students. Students in an eighth grade class with a focus on smoking prevention offered comments about their personal lives and family members' smoking habits.

Thought-provoking questions asked by the SAPIS was the main technique used in one class, discussion with questions dominated two others, and, in the seventh and twelfth grade classes, a lecture format, with discussion and questions, was used. In addition, a combination of hand-out, demonstration, and audio-visual materials were used in four of the classes. In the eighth grade class, the SAPIS used her own experiences as a former cigarette smoker to the students as a teaching tool.

Students in all classes except the second grade were given a feedback form by OREA field staff to fill out anonymously at the end of the observed class. Seventy-nine forms were completed. Almost all gave positive responses about the lesson they had just received: they were interested and not bored in the classes, the lesson was clear, the presenter encouraged questions, they had their questions answered, and they had learned new things.

However, from their feedback, it appears that students are learning mixed messages. Two of the SAPIS presenters stated that their main difficulty in delivering lessons was making sure that they got the message across. How information is understood by students is a serious concern. Representative examples of students' ideas of what they learned include the following:

- About drugs we should use and drugs that are bad for us.
- Drugs are available but you don't have to use them.
- If you do drugs it is the same as telling people to shoot you.
- All kinds of drugs are bad for you.

- Drugs will always be in the country but you don't have to take them.
- What to do if you are a victim of drugs or crime.
- What to do in case of an emergency.
- There is a way to stop people from using drugs.
- Never take the situation into your own hands.
- If my mother was addicted to alcohol, I would talk to her, if my little brother took my grandmother's medicine, I would call 911.
- If you know someone who is involved in drugs, talk to somebody about it.
- If you have a problem, sometimes drugs are the only way to solve it.
- The lessons just confirmed that I don't have to use drugs.
- That anyone can get addicted.
- Not to talk to anyone who deals drugs.
- Drugs ruin your life.
- Don't go to the street corner at night. If anyone asks me to take drugs, say no.
- The life outside of school is very dangerous. This lesson taught me what to do with drugs in the outside world.
- I will tell people I see outside not to drink and why.
- You can always get drugs.
- You can't take drugs away from the people because the people who give drugs to people can always find another way to bring the drugs in.
- Every drug does something that can be good or bad.
- I learned about drug carriers -- I didn't think they made that much money.
- The right way to use drugs.

Other difficulties SAPIS faced in offering their lessons include adapting the lessons to meet the particular needs of the students and making the curriculum neighborhood-specific. One SAPIS noted, however, that "many difficulties can be overcome by showing the students the respect they deserve." Another said that the most difficult part of giving the lessons was selecting appropriate curriculum materials. However, even more difficult was "negotiating with English teachers and programming prevention classes."

The two classes presented by peer leaders were very similar to the classes given by SAPIS. Two of the presenters had three years of experience as peer leaders. One had one-and-a-half years of experience but reported having taught six classes over the last year. The teachers in both peer-led classes remained in the room throughout the lesson; in one class the SPARK Counselor was also there, at times interjecting comments and clarifications.

As in the SAPIS-led classes, discussion, encouragement of questions, and open-ended thought questions for students characterized the classes. The subject of the tenth grade class was the transmission of AIDS. This was a difficult topic to present without some lack of clarity in places, although the peer leader was knowledgeable, organized and paced her presentation well. The fifth-sixth grade class was a wrap-up of a multi-session collaboration with peer leaders that coincided with their social studies curriculum topics of cultural awareness and prejudice. Fear of neighboring high school students, self-esteem, and values clarification were also topics.

Both classes appeared comfortable with the peer leaders, although the younger students seemed to be more actively engaged and interested. The peer leaders appeared to act as mentors for the students, who seemed eager to see them come again. Students in one of the peer-led classes also gave anonymous feedback on the lesson they just received. (The other class did not receive the feedback form.) Most reported that the presenter encouraged questions, was clear, well-informed, helpful, and trustworthy.

V. PREVENTION/INTERVENTION SERVICES

GROUP COUNSELING SERVICES

Introduction

Counseling is a basic component in the substance abuse prevention program citywide. In fact, Directors stated that counseling services is an essential, defining feature of their prevention/intervention strategy. Individual counseling sessions, group counseling sessions, arts-in-counseling groups, and discussion rap groups are different types of counseling services offered to at-risk students.

In some districts, students who have been identified as children of alcoholics (COA) or children of substance abusers (COSA) participate in group counseling interventions led by SAPIS with specialized training in these areas.

The discussion rap group, usually for the higher grades, differs from an intervention counseling group because of its informal and open-ended format that allows students to meet at a given time to discuss whatever issues arise. Students have the opportunity to share problems and find support in a safe setting. Students who participate in a discussion rap group, and already know the SAPIS, may later decide to make a commitment to participate in regular intervention group counseling.

Group Services Selected for the Field Study

This study focused on group counseling and did not focus on individual counseling, although the latter is also a primary counseling activity of substance abuse prevention staff. OREA field staff visited 11 groups in 11 schools within ten districts (two schools were in the same district), and interviewed Directors and SAPIS for each school counseling group in the study.

Counseling programs differed between districts and schools. For example, in one school, only one group was active over the course of the school year; in another school, 20 groups were active. The number of group participants reported ranged from five to eleven. Counseling group composition also varied. In some schools, participants were grouped by age, sex, and similarity of their presenting problem. In others, boy and girl participants in the same group were different ages and had different problems. In still others, participants differed by age and sex but shared the same problem. Most SAPIS stated that the group composition they worked with was the optimum.

Field staff did not observe any group counseling session, with the exception of the writing workshop, because of the confidentiality of these sessions. Writing workshop students were engaged in a silent writing activity while the field worker was in the room. Field staff distributed a self-administered questionnaire to the participants in each group which asked them to write about their experiences and thoughts about the group.

They were available to assist students with the questionnaires if necessary. In one group, the children were unable to read the questions and write their answers so the field worker led a focus group instead, covering the topics in the self-administered questionnaire. A total of 80 responses were collected.

The visited groups were held in four elementary (grades three-six), five middle (grades seven-nine), and two high schools (grades nine-twelve). The number of children in the visited groups ranged from five to ten, with a mean of eight participants. The children ranged in age from eight to 19 years old. A little more than half of the participants were female (57 percent). Nine of the groups were counseling groups; one was a discussion rap group, three were COA/COSA groups, and the last was a writing workshop.

In the writing workshop, participants' main activity was to write about a topic of their choice, involving a problem area or their feelings. The students wrote silently for half the period. Following their writing time, they completed the self-administered questionnaire. On other days, however, each would take a turn reading their written work aloud to the group, although no one was allowed to comment on what they had written.

Directors and SAPIS pointed out the characteristics of their group counseling programs that they believe make them effective. Directors stated that a crucial feature of effective group counseling is a well-trained, dedicated, caring staff. In their responses to their group experience, discussed later, students referred to their counselors as critical to their gaining the trust necessary to begin to talk about their problems. Students in one particular COA group mentioned their SAPIS numerous times; their sense that she "was there for them" clearly made a profound impact on their lives.

Another characteristic of effective group counseling is the context in which counseling takes place. Support from school administrators and staff, supportive services for siblings and parents, and a viable referral network are needed.

For the group itself to work effectively, student interaction, trust, confidentiality, sharing, support, friendship, and nonjudgmental attitudes must be developed. This can happen within a stable group that meets in a secure informal, intimate setting that allows free expression. One SAPIS stated that she hopes students will develop a sense of cohesiveness and a group support system to keep through the years.

Counselors reported using a variety of approaches, including discussion, role playing, lecture, art, music, theater, poetry, trust and relaxation exercises, field trips, and videos. They reported emphasizing cooperation, problem-solving, stress management, decision-making, coping, communication, listening, social skills-building, reaching out for help, and dealing with peer pressure.

They also focus on students' learning to make choices, identify and deal with their feelings, have self-respect and treat others with respect, realize that their family problems are not their fault, not feel shame or guilt, feel hope and know they can survive, understand that they are not alone, feel loved and proud of who they are and what they think, learn to protect their health, understand what addiction is, and set and reach goals.

SAPIS noted that indications of students' progress include their opening up more, better academic performance, more positive behavior and attitudes, a happier appearance, improved dress and general appearance, greater and more appropriate self-expression, a longer attention span, and, in the writing workshop, use of a larger vocabulary with longer words. One SAPIS reported that teachers inform her about students' improvements. Another said that parents telephone her to say that their children have changed.

Some of the most difficult parts of providing group services, according to SAPIS, are external to the group itself. Scheduling difficulties and getting students released from classes, lack of space, lack of supervision and support, inability to make referrals because of insurance issues, lack of time, and the limited number of openings in the groups are problems that were reported.

Interviewees also reported difficulties in working with their groups. These included getting to the point when participants trust each other, setting a pace since it is hard for the students to calm down, dealing with continual crises which make follow-up difficult, students' short attention span, and dealing with resistance from their families. One stated:

"Sometimes I feel that I can't do enough, that I can't make their problems go away." SAPIS generally reported that they had little contact with their students' parents.

SAPIS were most rewarded when they saw positive changes and growth in their students, saw them open up to people, heard success stories of students who set goals and met them, heard them say they are hopeful, feel someone cares, like to be here, are getting something out of it, and recognize they are not alone, and when they, the SAPIS, felt they succeeded in reaching the students.

In their feedback forms, students gave an important message: the group was a safe, nurturing, supportive, caring place in which they could develop trust, open up, and discuss problems. Participants revealed strong ties with their leader. Several wrote that they "love" their SAPIS group facilitator. Others described the SAPIS as a "mother." The following comments show the high level of attachment to the group:

- I just love being here. Because of this program I am a recovered alcoholic.
- The group leader is the kindest and sweetest most understanding person in my life.
- It made me feel good. It helped me. I like when we write about things. I like writing about how I feel. I'm not scared of writing in class.
- [The SAPIS] helps me and tells me to pour myself out if I want. I do it because I trust her.
- I always have friends and people who care. If something goes wrong I know where to go.

- I thought it was going to be like my other very stupid counselor. I love it. I feel comfortable with [the SAPIS].
- I thought it wouldn't help. I thought it was hopeless until I got into the group.

The participants expressed their ability to talk in the group about their problems, drugs and alcohol, sex, AIDS and safe sex, their feelings, and making their own decisions. Students reported learning about themselves, their family, their peers, alcohol and other drugs, as well as making their own decisions, as shown below in a sample of their comments.

- I can speak for myself. No one will make fun of me. I am really not boring.
- You don't have to be ashamed if you have problems with brothers and sisters. I don't have to be shy.
- I don't really have to like them [my family]. Every time my mother argues with me, it is not directed at me.
- I have a big family and I like it. I cannot change it by hating everybody.
- My family problems are not my fault.
- How to listen and talk to and listen to my parents.
- They really care even though they may not show it.
- I can't be responsible for my parents' mistakes.
- I am real close to them [peers]. They have just as many problems as I do.
- My friends are my age. Sometimes they do things I don't like, but I don't do it.
- The popular kids are those who do not drink or take drugs.

- My peers from the peer leadership program are real good friends who tell me not to do the things that my conscience doesn't want me to do.
- [I learned] I can do what's best for me, trust how I feel.
- I have a rough time with [decision-making] on my own. With my friends' advice I get through problems more easily.
- My decision is my decision. [The SAPIS] taught me not to be afraid if I know what I'm doing is right.

Participants' responses included few negative statements. Asked if there was something that could make the program better, a few noted that there should be more time, that the SPARK Counselor should reach more students, that there should be no budget cuts. Three students mentioned the lack of lockers in which to put their things. A few noted that they wanted more trips and activities. A few others noted that they disliked it when the SAPIS was away at meetings. Finally, almost every student feedback form indicated that participating in the group intervention service had helped make school life better for them.

The strongly positive feelings of participants in group intervention services argue for an expansion of this program component. A student wrote, "I wish they had this program [when I was in] elementary and junior high school." Another said, "I love this program. Try not to cut our budget too much."

PEER LEADERSHIP

Introduction

Peer leadership is an approach to substance abuse prevention that has been used successfully for many years throughout the United States because of the strong influence of youth on the attitudes and behavior of their peers, particularly during the adolescent years when they listen and respond to peer influences more than to adult authority figures (see Klepp and Associates, 1986, Resnick and Gibbs, n.d.). Peer leaders serve as role models by demonstrating non-use of substances, creating an environment in which drug use is seen as deviant, and demonstrating the value of social responsibility and resistance skills both in and outside the classroom (Klepp and Associates, 1986). By using peers as role models in substance abuse prevention, programs can not only reach out to a larger student body, but also provide the peer leaders themselves with valuable experience in developing and using new skills.

Peer leadership programs exist at all school levels, but are most extensive in the high schools. In all programs, however, peer leaders are first selected for their potential as effective role models and helpers and then given ongoing training. In New York City's high schools, the SPARK program's peer leadership program is "one of the most established drug prevention programs in the country" (Resnick and Gibbs, n.d.). This program gives high school Peer Helpers (as they are called to distinguish them from Counselors who act in therapeutic roles), the opportunity to provide a full range of peer services. These include (1) teaching substance abuse prevention lessons in the classroom (discussed earlier), (2) positively influencing other students through various peer-led activities, many planned and implemented by the peer leaders themselves, and (3) peer "counseling" -- not counseling in the usual sense, but rather serving as a listening board, referral source, tutor, or friend.

In New York City high schools, there is more than one type of peer leader: Peer Helpers, who are currently high school students, and Alumni Peer Helpers, who are high school graduates, now in college. Alumni Peer Helpers, who work 20 hours each week, and are paid as Junior School Neighborhood Workers, are organized into two groups: Junior Counselors who assist SPARK Counselors in intervention groups and The SPARK Peer Players, which gives performances and workshops in high schools around the city with substance abuse prevention themes.

Interviewed Directors and SAPIS pointed out that peer leadership programs are unique because students have the opportunity to interact with substance abuse prevention staff in ongoing training and supervision, plan and implement their own ideas, and see the visible impact of their projects on other students. Finally, students develop self-confidence and life skills through their empowering experiences as peer leaders.

Peer Programs Selected for the Field Study

OREA field staff visited five peer leadership programs, in one elementary, two middle, and two high schools, and observed three peer leadership training sessions and two peer leader meetings with supervisors, in addition to the two classroom lessons given by peer leaders discussed earlier. Field staff conducted interviews with Directors and high school borough Supervisors of substance abuse prevention programs and three peer leaders who conducted classroom lessons. Open-ended self-administered questionnaires were completed by 62 peer leaders: 11 fourth and fifth graders; 24 eighth and ninth graders; and 27 tenth-to-twelfth graders. They had been peer leaders for a period of fewer than one year to three years; two-thirds (42) were girls.

Peer programs differed between school levels in size (largest in the upper grades), length and depth of training (greatest in the upper grades), and scope of peer leader activities (most varied and complex in the upper grades).

Selection of Peer Leaders. Students frequently volunteer to become peer leaders, but they also may be recommended for the program by a SAPIS, Guidance Counselor, teacher, or an established peer leader. In several of the visited schools, there were waiting lists of students who wanted to become peer leaders, but a limited number of openings. In one school, the SPARK Counselor explained that she accepts only the number of students needed to replace the Peer Counselors who graduate each year, between 20 and 30 students. In all programs visited, the number of peer leaders at any one time ranged from 12 to 40.

SPARK Counselors reported that their applicants must meet certain criteria to be accepted into the program; however, being at-risk or having overcome substance abuse are not necessarily considered in their acceptance decisions. SPARK Counselors look for students who demonstrate empathy, enjoy talking with other people, can gain others' confidence, have good attendance, pass all their major subjects, are nonjudgmental, are open to learning, are willing to work hard, have good communication skills, and fully understand what their roles will be.

To become accepted into the peer leadership program, applicants in some schools are interviewed not only by the SPINS/SPARK staff but also by experienced peer leaders. One district is planning to implement a 30-day trial period for new peer leaders. In an elementary school visited in this district, the 12 peer leaders were specifically chosen from the pool of at-risk children, who were not functioning well or came from dysfunctional families.

Training Peer Leaders. Training in the 25 high schools that offer the fullest range of peer leadership activities takes place for one period each school day. Trainees do exercises, readings, plan and implement school activities, do homework and take tests, as in any other class, and get credits. In the visited high schools in which peer programs are more limited, Peer Helpers receive fewer than five training sessions each week, for example, one period each week. In a visited junior high school, the SAPIS reported meeting weekly with peer leaders for planning sessions.

In the elementary school in this study, peer leaders met once a week for two periods, but here, as in the higher grades, the SAPIS reported that she was available to her peer leaders on a daily basis. In this school's district, monthly district-wide peer leadership training sessions took place in which peer leaders brainstormed and made plans for school or district-wide activities. In addition, a summer district-wide Peer Leadership Institute trains 100 students who come daily for specific skills-training workshops in the morning and participate in cultural activities and trips in the afternoon.

Training concentrates on (1) providing information on drugs, alcohol, and referral sources, (2) discussing issues of drug and alcohol abuse, sex, suicide, AIDS, confidentiality, and the limitations of peer leaders' responsibilities, and (3) developing skills in the areas of conflict resolution, decision-making, communication, problem-solving, and social interaction. In the view of an interviewed high school borough Supervisor: "A crucial element in the program is the training. It is the most sophisticated and comprehensive I have seen for students."

Peer leader self-administered questionnaire responses about their training suggested that the most useful part was improving communication skills and opening up in supportive relationships. Students stated that they had learned to be helpful, to be respectful, not to be shy, to be in control, not to give advice, to recognize symptoms of depression, and to understand defense mechanisms and the issue of confidentiality.

Peer Leader Activities and Roles. Peer Helpers in the high schools in the study acted in a variety of capacities depending on their abilities and interests. Some provide classroom prevention lessons to younger students either in the same school or in a feeder school. Others performed a range of roles, including assisting their SPARK Counselor in a discussion rap group and an AIDS/HIV group, working individually with at-risk students or students having adjustment problems in school, doing outreach to students who were failing their classes, orienting freshmen about the SPARK program, and participating on committees with teachers.

In the middle schools, peer leaders' activities included acting as guest speakers in elementary schools, organizing drug-free mini-school days with positive alternative activities, organizing poster and essay contests, and participating in a community television-radio show.

The SAPIS working in the elementary school peer program reported that the children work on many different projects which help them learn to become independent, take responsibility, and gain self-esteem. She reported taking her peer leaders on trips, and continually showing them that they are likable. She works closely with her peer leaders' teachers. If the peer leaders are late for school or do not do their homework, teachers report to the SAPIS, and she works with them, giving them the boundaries they need. This is a clear example of how teachers working in collaboration with SAPIS can make a difference in children's progress.

Peer leaders who completed the self-administered questionnaire described the most difficult parts of their role. They most frequently reported their self-consciousness about their role, dealing with being ridiculed, others' jealousy, and talking in front of classes and groups. Students also reported that consistently performing their roles, helping as much as they would like, knowing the right thing to say, being a good role model, and staying focused, were also difficult. Some responses pointed to the difficulty of separating themselves from others, not giving advice, and being objective and nonjudgmental. Other comments included the difficulty of finishing tasks, staying after school, not having enough time, expressing themselves, and working with others.

Issues and Accomplishments. Interviewees were asked about difficulties in implementing the peer leadership program. A program weakness reported by some of the interviewed SAPIS was that it could not include as many students as wanted to join. But, even with the program's existing size, SAPIS noted that they did not have enough time to devote to it. One SAPIS stated that she would like to see an expanded peer leadership program that would be her only responsibility.

Another reported difficulty was scheduling time needed for supervising peers and peer activities. Students were often not programmed for these activities and had to use their lunch time, which may not fall during the same period for the entire group. In addition, more training time was reported to be needed.

Other problems that SAPIS believed needed to be addressed were the lack of access to resources outside the school, others' misconceptions about the program, and insufficient support from some teachers and students' families. Directors also noted that school staff and parents did not sufficiently appreciate the program's contribution. Their support would help peer leaders make a greater positive impact on students' life in school. One Director noted that parents were afraid to allow their children to go on trips.

Several peer leader self-administered questionnaire respondents reported wanting more time with SAPIS for one-on-one talks. A few also noted that they would like there to be more boys in the program and more male substance abuse prevention staff. Yet, Peer leaders also reported that their SPINS/SPARK Counselors were helpful to them by offering support and guidance that was useful for counseling other students as well as for themselves.

Peer leaders were asked what was the best part about being a peer leader. Many suggested that helping people was the best part. For one eighth grader, the best part of being in the program was "the rewards we receive like the looks on the faces of children and teenagers as they begin to take part in anti-drug activities." A twelfth grader said: "I make a difference in people's lives. I am here not just to be educated, but to help others."

Almost all of the peer leaders reported having informed other students about other school programs. Many referred to their satisfaction with having responsibility, a sense of importance, and receiving respect. Other responses referred to meeting people and belonging to a group. A high school Peer Helper said: "I enjoy the SPARK program very much. It is a big and meaningful part of my life. I am proud to be part of it." An eleventh grade girl summed up her experiences as a Peer Helper:

> I never knew I could make such a difference, that my voice can be heard. People stop me in the hallways and say, "hey, I never knew about...." The best part is the communication I have with people and getting to know them. Also giving the information that can make a difference...that I have an impact. Putting my own feelings aside and listening to somebody and giving empathy to other people, learning to deal with people, listening to other people to really get the message behind the words, to open up and trust people. When you're in the training, you get close to the other people, talk about your problems and others' as well. You learn how to help others express their feelings. You are learning about yourself at the same time.

The success of peer leadership programs was underscored by one of the interviewed Directors: "Peer programs are probably the most important ones; we empower the kids; the more we let the kids do, the better." A high school SPARK Counselor added, "After the Peer Counselors are in this program, they are very strong, together people that I envision going out into the world and emanating great things."

VI. PARENTING AND FAMILY SERVICES

PARENT PROGRAMS

Introduction

Parents' involvement in their children's education and development into healthy, responsible people is a key element in substance abuse prevention. Insufficient attention has been paid to building programs that help parents and other household members learn to cope with stress and resolve disputes without resorting to violence or other damaging behavior. While it is widely known that substance abuse prevention efforts involve parents and families, some districts and schools provide only minimal or no parent and family support services at all.

Parent involvement activities and services organized by District substance abuse prevention programs include parenting skills workshops, parent leadership training and activities, parent-child workshops, and family counseling.

OREA field staff asked all community school district Directors and high school borough supervisors of substance abuse prevention programs about parent involvement activities, and observed parenting workshops in two districts' programs. This section is based on Directors' discussions of parenting programs.

Directors described the goals of parenting activities as (1) giving parents the opportunity to become informed about what is going on in their children's school, their community, and society, (2) educating them about drug and alcohol issues and ways to prevent substance abuse, (3) teaching effective parenting skills, including listening, communication, and disciplining, and (4) teaching skills to help prevent child abuse.

Through participation in support groups, parents can gain self-esteem, break their sense of isolation, and discuss common problems at home and in the community. In the process, parents' communication with school staff and, consequently, the trust and collaboration between them, can also grow.

Unfortunately, parenting programs reach far fewer people than need them. One reason is the difficulty of implementing these programs. One Director stated that for parenting programs to work, necessary requirements must be met. These include (1) good space and suitable time, (2) parents' making a commitment to come, and (3) well-trained staff. Parenting services involve a great deal of organizational effort for each workshop or activity if a sufficient number of parents, and particularly the most needy parents, are to participate regularly. Filling in the forms to get the school building at night is a bureaucratic hurdle in itself.

Parents are often reluctant to participate in workshops because they deny that they have problems or that their children may be at-risk of drug or alcohol abuse. Parents who are themselves alcoholics or drug abusers as well as parents who may be abusing their children may resist attending these activities as well. Other reasons for low attendance, and the concomitant major effort required of staff to run a successful parent program, are parents' work schedules, fear of going out at night, feeling exhausted and overburdened, and lack of transportation. A SAPIS in one of the districts in which a parent workshop was observed, explained:

> The greatest difficulty is in getting those parents who really need it to come to the group sessions. While babysitting is available, few parents come. Many do not want to hear anything negative about themselves. Parents from the Caribbean tend to think that the teacher is always right and, thus, do not get involved with the school.

The lack of parent involvement is apparent in all neighborhoods in the city, regardless of socioeconomic level. In one of the more economically advantaged districts, the Director noted that "there is lots of denial of any problem; parents don't want to respond to drug issues."

One district made special efforts to assure that parents would attend a workshop series dealing with issues such as alternatives to hitting children. District staff encouraged parents considered at-risk for abusing their children to join. They followed up with telephone calls the day before each workshop to make sure that participants would remember to come. The Director explained:

> You have to be on top of things so that participants remain for the workshop sessions. It's important for group membership to be consistent. You need a commitment from them and must make reminder calls to keep the group intact. [Parenting services] work best when you give the parents a product. You really have

> to deliver a service. It's the skill of the people delivering the service that makes it so good.

In another district, the Director reported that outreach efforts were made to parents whose children are in group counseling specifically because they are children of alcoholics or drug abusers. SAPIS reach parents by talking about their children's needs and difficulties. She explained that this strategy works because parents are motivated by their sense of responsibility to their children. Once they accept the SAPIS, then the SAPIS tries to bring them into parenting services as well.

Interviewed Directors of district programs and high school borough supervisors indicated that parent involvement declines rapidly as students move up to higher grade levels, i.e., from fifth grade up. SPARK Counselors in high schools noted ways that they attempt to overcome the lack of parent involvement by reaching out to parents. For example, in one school, students volunteer their parents' telephone number and if the SPARK Counselor has a concern, she asks permission to use this number. In another school, the SPARK Counselor makes contact with parents at breakfast meetings specifically for parents of students in the SPARK program. A third SPARK Counselor keeps parents informed of their children's progress in the program, telling them how they can help.

Two Parenting Skills Workshops Selected for the Field Study

Field staff observed two parenting workshops, interviewed Directors and SAPIS workshop leaders, and collected feedback from parent participants in self-administered questionnaires distributed at the end of the observed workshops. Workshop leaders had received special training from the Director herself, Narcotic Drug Research, Inc. (NDRI), Parents Anonymous, and Adelphi University.

One of the observed workshops was part of a district-wide program; eight participants with children in grades K-2 represented five different schools. The other was part of a school-based parent program. Twelve parents with children in grades K-8 attended; it was conducted in Spanish. The parents had been attending an ESL course together and knew each other well. Both workshops were part of longer workshop series, 15 sessions for the district-wide and 8 sessions for the school-based workshop, respectively.

According to the Directors and SAPIS in the districts offering these workshops, the main workshop goals included building parents' self-esteem and teaching them that others share their problems, informing them that their children are not abnormal, helping them to make friends with others from the same countries, and encouraging them to create self-help groups.

One observed workshop used case examples and a video on communication with children. The other workshop used a seminar format with a lesson plan, focusing on how to talk to children truthfully about drug problems and to inform parents about available services and Hot Lines; a video was shown and handout materials were supplied. Both leaders encouraged participation and all parents spoke up.

In both workshops, parents appeared enthusiastic, comfortable, interested, and open. Based on interview data, these workshops resulted in parents' learning where to go if they need help, making friends, forming support groups, utilizing the information given to them, and continuing their dialogue through additional informal meetings with each other.

Parent feedback from both workshops was very positive. Respondents stated that they felt comfortable about expressing their feelings in the group; all reported that they wanted to attend more workshops. A sample of parents' comments about their workshop experience is presented below (some were translated from Spanish).

- It's good that some of our tax money sees good use.
- [I learned] how to praise myself, to take time out, that I have choices.
- [I liked] the specific instructions for alternatives to spanking.
- [Most useful was] sharing problems to help us understand each other. Everyone's cooperation was magnificent.
- I like to be able to learn and exchange ideas with other people.

FAMILY COUNSELING SERVICES IN TWO DISTRICTS SELECTED FOR THE FIELD STUDY

Family counseling is an intervention service for families of children who have been identified as at-risk. OREA field staff interviewed the Directors of two district-wide family counseling services selected for study and the SAPIS providing these services. However, no observations of counseling sessions were made and no feedback forms about family counseling services were given to clients. One of the counseling services has served the community for about twenty years, the other, nine years. One program serves 60 families each year, referred primarily by SAPIS and Guidance staff; the other serves 160 families.

In one program, the SAPIS (Level III) is Clinical Director of the service, and in the other the SAPIS has an MS in counseling with a specialization in marriage and family counseling. They are continually involved in advanced training programs, both in and outside the district, as well as in offering training to school-based staff. One Director stated: "With the motivated, dedicated, and highly professional staff... we are gaining the community's respect and general acceptance."

The demand for these services is great. The same Director explained:

> There is a real need in the community. Many people can't go far for services. The closer, the more convenient, the better. This is a place for education, where people recognize the need for help. It fills a gap in the services provided by the district. There is no more community denial about a drug/alcohol problem.

One of the Directors stated that although the service's goals had once focused exclusively on substance abuse in the family, they had to be modified to respond to the range of problems that families were experiencing. He explained that for family counseling to work, barriers have to be overcome; the SAPIS has to gain trust, break through denial, get families to make a commitment, and educate an "apathetic" community. He said:

> The ultimate goals of counseling are to make the family whole and functional, to get them to understand dynamics and roles, to open communication, to teach coping skills.

The other Director stated that the goals are to develop "appropriate coping skills, awareness of positive alternatives, communication skills, family unity, and personal growth." The SAPIS added that the goals were "to provide children and their families with opportunities to explore and identify and change behavior." The other SAPIS stated:

> [Family counseling addresses] the long-term and short-term prevention of behavior that may lead to present or future substance abuse. We work with the family to help them solve problems in a more productive manner. The short-term goal is that through the process we solve problems of truancy, poor attendance, lack of attention, acting out in classes -- typical problems of school children. We get to the kids through their parents.

Both services offer short and long-term therapy, and see families once a week for a period of eight-to-fourteen weeks. Directors stated that participating families have a stated goal to reach during their treatment and that counseling staff use a "systemic approach in a clinical fashion, are problem-oriented, and usually serve whole families."

Family counseling is an expensive program because of its considerable investment of professional time with individual families. The major obstacle noted by interviewees was that family counseling programs lacked appropriate space. One of the programs in this study was offered an entirely unsuitable space in a windowless basement without adequate security and privacy. Scheduling sessions within the provided time slots was also reported to be a problem in delivering services.

Another difficulty noted by an interviewed counselor was the need for more supervision. He explained:

> Every case is supervised and reviewed, usually in a group format; it's a teaching device and a wonderful way to develop staff morale. It accentuates the importance of the individual counselor and provides a support network. Sometimes we don't have enough time for it. We need more time to consult with other professionals about cases when we are stuck and need advice. We have a network of family counselors who get together once a month to present very difficult cases. We do it for networking and sharing information; that's on our own time.

In spite of their inability to serve many needy families, their lack of space and time, and insufficient time for supervision, family counseling services have been seen to make a real difference in families' lives. A Director from another district in this study stated: "Research shows that family therapy works."

VII. CONCLUSIONS AND RECOMMENDATIONS

This study has presented the characteristics of substance abuse prevention and intervention programs in New York City public schools, and discussed the obstacles they face and the strategies used to overcome them. This chapter identifies areas of strength and offers some recommendations.

By examining six kinds of services, the study revealed a series of features necessary for delivering them effectively, the obstacles that even quality programs face, and strategies used to overcome them.

The understanding to be gained from this study derives from the ideas and experiences of many people: Directors of community school district substance abuse prevention programs, borough Supervisors of high school SPARK programs, principals, SAPIS, school staff, students, and parents. This report was based on data collected from all of these sources.

The study found that substance abuse prevention programs in New York City schools are impressive for their comprehensive scope, holistic approach toward helping young people, and skilled and caring staff. Often working under difficult conditions, Substance Abuse Prevention and Intervention Specialists at all school levels have succeeded in reaching significant numbers of at-risk students in a direct, trusting, nonbureaucratic manner that has made a difference in their lives.

The study identified program characteristics necessary for effective service delivery. First, the holistic approach to substance abuse prevention taken by New York City community school district and high school prevention programs is a necessary strategy to reduce the factors in children's lives that place them at-risk for substance abuse. Directors of district programs and high school borough Supervisors agree that the wide range of services offered in their schools is a strength of their programs. They maintain that there are no services that are less important than others. However, most agree that classroom prevention lessons are the most effective means of reaching the entire at-risk student population and that the key to intervention is counseling. Another central part of the holistic approach is parent involvement in prevention.

Second, quality staff and sufficient staff are critical for performing a job that involves a complexity of roles -- including working with at-risk children, parents, school staff, and community agencies, working with a wide range of personnel and personalities, and responding creatively to a variety of external constraints upon their work.

Third, effective services are provided within school contexts in which principals, teachers, and noninstructional staff are aware of, understand, support, cooperate, and collaborate in substance abuse prevention efforts. SAPIS are best able to provide services when they are accepted and integrated into their school's staff. Teachers and other school staff are needed to identify and refer students, cooperate in the release of students from classes, support classroom prevention teaching efforts, and incorporate prevention concepts in regular class lessons.

Fourth, services are most effective when they are organized within district programs that efficiently use resources and work with other institutions in their communities. In addition to wise utilization of available funds within their programs, maximizing resources and support for their programs needs to be achieved through the development of linkages with other district-wide programs and community institutions, including community-based organizations, local police precincts, and merchants' associations.

Field researchers in this study visited 27 services provided in 24 schools and 3 district locations. These services had been selected after being recommended as exemplary, that is, thought by Directors to be particularly effective services. However, even staff offering these exemplary services were confronted by a range of obstacles.

The major obstacles identified in this study included:

- lack of respect offered some SAPIS by school staff
- lack of some teachers' support, cooperation, and involvement in prevention efforts
- insufficient supervision and consultation time for SAPIS
- insufficient and lack of private space
- difficulties in reaching parents and families

- SAPIS' lack of contacts with referral agencies
- insufficient time
- understaffing.

To provide the best services possible, Directors have been successful in hiring quality staff with the training and personalities required for their multiple roles. Moreover, SPINS and SPARK staff have been impressive for their dedication to students, flexibility under difficult working conditions, and continual accessibility to school staff as well as students.

To create a positive school context for substance abuse prevention services, both Directors and SAPIS have worked to "sell" the program to principals, teachers, and other school staff, some of whom view their services as nonessential for the education of their students. SAPIS have overcome school staff's resistance and a perception of their lower professional status. They often have earned the respect of school staff by offering staff development workshops to teachers about prevention issues and the services they provide; providing informal assistance (for example, by doing crisis intervention, being available for informal discussions, and providing materials); and organizing school events and activities with anti-drug messages, such as poster contests, plays, videotaping, and musical performances.

Understaffing, in an era of severe budget constraints, does create particular difficulties for SAPIS. Without at least a full-time SAPIS in each elementary school and middle school, and a minimum of two in the high schools, students cannot always be guaranteed the level of services they need. It was learned that SAPIS who were part-time, as well as new in particular schools, had more difficulties than full-time SAPIS who were well-established within the school institution.

The degree of variation found in the observed programs suggests that community school district Directors vary in their strengths in performing their numerous and complex tasks. For example, in some districts, Directors or members of their staff have fund-raising skills. It is possible that the programs they can put together using complementary funds will reach a greater proportion of needy children.

Classroom lessons are the main prevention vehicle for New York City's public school children. These lessons have several functions besides offering knowledge and skills training directly to students. These include (1) giving SAPIS direct contact with students so that they know there is someone with whom they can discuss their problems, (2) giving classroom teachers the opportunity to learn prevention concepts and techniques that can be reinforced later on, and (3) providing an opportunity for both SAPIS and teachers to identify students who are at-risk for substance abuse.

SAPIS reported, however, that because of in-class time requirements they lacked sufficient scheduling slots to provide intervention services. Some also stated that a main problem area in prevention lessons was ensuring that they got their message across to the students. Observations of classroom prevention lessons given by SAPIS showed that teachers' presence and involvement were inconsistent. For teachers to develop a team relationship with the SAPIS, and learn more about their students' affective and social lives, they need to play a more active role in these lessons.

The study highlighted the discrepancy between reports by Directors, SAPIS, and Principals, on the one hand, and teachers, on the other, with respect to teachers' awareness and understanding of the substance abuse prevention program. While the former reported that teachers' awareness was on the whole satisfactory, teachers' self-administered questionnaire responses revealed far less awareness of the program and the role it plays for their students, particularly in the high schools.

Some teachers reported that 100 percent of their students were at-risk for substance abuse while others, in the same school, noted that none of their students were at-risk. Some of the teachers who reported having at-risk students in their classes also reported that they did not refer them to the substance abuse prevention program. It appears that, indeed, there is a considerable lack of information about the goals, services, and obstacles faced by substance abuse prevention programs.

The study found that teachers' participation in staff development offered by substance abuse prevention staff has a positive impact on their involvement in substance abuse prevention. It found that teachers who participated more frequently reported, compared with teachers who had not participated, (1) positive communication with substance abuse prevention staff, (2) more referrals of at-risk students to prevention services, and (3) more incorporation of prevention concepts into their regular classroom lessons. However, the percentages of increases were not as high as would be desired. Further, only some teachers participate in staff development led by SAPIS, and only some of these utilize what they learned in training.

Substance abuse prevention staff agree that parental and familial participation in their children's health and educational development has been difficult to achieve. In some districts, staff have tried inventive approaches. The difficulty of outreach to parents is particularly great in the upper grades compared with the elementary grades. The most successful efforts, as reported in some community school districts, have come with a great deal of hard work and persistence by staff in identifying, contacting, and using a variety of nonthreatening approaches to reach out to parents who may themselves be substance abusers.

Some recommendations for providing effective services emerged directly from the study respondents. The report highlights these so that central office administrators, district Directors and borough Supervisors can consider them.

- The Office of Substance Abuse Prevention could disseminate more information to Community School District Superintendents and school principals to enlist their understanding and support.

- Some Directors need to maintain a greater presence in district schools in order to assist in the establishment and implementation of services. SAPIS stated that their Directors' presence in the schools was a major help, and in districts where their Director's presence was not felt, SAPIS reported greater difficulties. Directors' greater presence in schools would assure the continuation of effective service delivery. Some Directors also need to provide community school district and school administrators with more information about the goals, services, and obstacles faced by substance abuse prevention programs in order to obtain greater support.

- SAPIS conducting family counseling in district-wide services need to be given more time to do case reviews, even though they do maintain a high level of support among themselves. Some school-based SAPIS' expressed needs for more opportunities for case consultations, ongoing support, and training in particularly difficult areas, such as working with abused children, warrant attention.

- With some SAPIS reporting insufficient knowledge and contacts with potential community-based referral sources, further assistance from their Directors in helping them develop contacts with these organizations would be helpful.

- It would be useful for SAPIS who are particularly successful in certain areas, such as parent outreach, to meet with SAPIS from other districts, who are involved in the same areas, as Directors do. Experts in specialized fields, such as child abuse or parenting programs, could also be utilized in special inter-district workshops for SAPIS.

- While peer leaders reported benefiting from participation, their need for increased individual consultation with their SAPIS for support and guidance in dealing with the difficulties they encountered in their new roles needs to be addressed, particularly in the high schools.

- Teacher volunteers who have participated in SAPIS led staff development sessions and actually apply what they learn in the training could be used as "teacher promoters" to encourage and inform other teachers to participate in prevention efforts. Without the ability to effectively train all teachers in substance abuse prevention, SAPIS and these teachers could work jointly to encourage teachers' interest and knowledge about the program.

This study has offered a preliminary view of the requirements for a successful substance abuse prevention and intervention program, based on data collected from the field study of selected services. It is part of a wider mission to clarify to school staff, funders, parents, community members, and the media the important roles of substance abuse prevention services in our communities. In a 1991-92 school year follow-up study, issues raised in this study will be addressed and the outcomes of at-risk students receiving services will be assessed.

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